

African Americans and Racial Microaggressions: Coping, Psychological Well-Being, and  
Physical Health

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## Abstract

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There has been a recent surge in research on microaggressions in the lived experiences of persons who are members of historically oppressed and marginalized groups in the U.S. Research on African Americans have identified racial microaggressions such as assumptions of intelligence, assumed criminality, and social/cultural isolation that arise in educational, mental health, community, and work place settings. These incidents are particularly harmful because it is reminder to African Americans of their history of racism and their perpetual second-class status in society. Scholars propose that microaggressive incidents are injurious to targets and this can be reflective in the emotional, behavioral, and cognitive reactions to these events (i.e., microaggressive stressors). Existing research on discrimination and well-being suggests that racial discrimination contributes to disparities in mental and physical health. However, there is a need for more research to understand the impact of subtle, ambiguous racism and to identify effective strategies for buffering the effects of microaggressions.

The present study investigated microaggressions experienced by African Americans, the correlation to psychological and physical health outcomes for those who report microaggressions, and coping as potential buffer to the effects of these events. A correlational analysis and multiple regression analysis examined these relationships for a sample of 268 African American men and women. The results indicated support for the theory on the deleterious effects of microaggressions with the relationship between microaggressions and outcomes for psychological and physical health among African Americans. The study

contributes to the literature on microaggressions by providing evidence that these encounters are harmful to African Americans. However, the moderation model did not support coping as a buffer to the effects of racial microaggressions, and it is suggested that future research investigate factors that will effectively mitigate the injurious effects of microaggressions.

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making a way out of no way.

## Chapter I

### **Introduction**

It has been said that no nation or population of people have been as greatly affected by the instillation and ramifications of racism as citizens of the United States (Zinn, 2003). It is a phenomenon that has been deeply embedded in the structures of government and society, and that continues to affect multiple generations dating back to the colonization of North America. Jones (1997) states that racism is used to systematically promote the benefits and superior social status of the members of the dominant racial group while oppressing the quality of life of members of marginalized racial groups, which in the United States refers to People of Color (i.e., persons of African descent, Asian descent, Latin American descent, American Indians, and Middle Eastern/North African descent [MENA is being considered for inclusion as a formal racial designator for persons descended from the Middle Eastern and North African region; Samhan, 1999; Smith, 2012]). In the United States, when one thinks about racism the most readily accessible example is that of chattel slavery- the indentured servitude that is a part of African American ancestry. However, historically, racism against African Americans was also demonstrated through the establishment of Black Codes (similar to antebellum Slave Codes) that limited Blacks' ownership of property post-Civil War, Vagrancy laws that forced freedmen (i.e., the label for formerly enslaved African men and women) to work, and Jim Crow laws which subjected African Americans to separate and often drab public facilities (Wilkerson, 2010; Zinn, 2003; Franklin & Moss, 1988). Although the traditional, overt form of racism still exists, it is experienced less frequently because it is no longer a widely accepted way to express racism and racial dominance in the United States. Moreover, racism has been transformed into a modern, more covert form of discrimination.

Since the death of Jim Crow laws and the like, racism has taken on new more covert forms of manifestation. Dovidio and Gaertner (1986) point to several opinion polls illustrating a shift in racial attitudes and thoughts on stereotypes. These opinion polls indicate increased support for integration of educational buildings, parks, buses and other public spaces used by Whites and Blacks. Thus, those who have come to embrace and support egalitarian political views are looked upon more favorably than those who are vocal opponents of racial equality. This shift, however, has resulted in covert attitudes about Blacks being expressed in covert ways either intentionally or unintentionally (Dovidio & Gaertner, 1986). Covert racism is theorized as being founded in different aspects of racial prejudice and stereotypes. Symbolic or modern racism refers to one's inclination to hold anti-Black prejudices and fear, and is exhibited by persons who cite the Protestant values of individualistic, independence of self, compliance with societal norms and rules, and self-discipline (Hughes, 1999). Laissez-faire racists believe that Blacks are to blame for their economic and political struggles due to their cultural inferiority, deny that institutional barriers are hindering the progression of members in ethnic-racial groups, and do not support strategies for remedying social inequalities (Bobo et al, 1997). Persons who operate in ambivalent racism tend to hold contradictory positive and negative racial attitudes towards Blacks (Katz, Wackenhut, & Hass, 1986; Katz & Hass, 1988), the complexity of which scholars contend is the reason that anti-Black racial hostility is still seen in modern society.

The worldview of the person demonstrating colorblind racism is that of denial of the significance of race (e.g., "I don't see color"), and a belief that the racially oppressed are to blame for their oppression (Neville et al, 2001). Aversive racism is defined as a characteristic of persons who believe they are not prejudice but also hold negative racial feelings that they try to dissociate from their images of themselves as non-prejudiced (Dovidio & Gaertner, 1986). With

the implicit and explicit (e.g., laws) social sanctions against unfair treatment on the basis of race, there is said to be a higher occurrence of aversive racism. Although, the presentation of racism has changed, in most instances, the premise that the White race is superior to and thus due more power (e.g., economic and political) remains the same.

Another form of subtle racial discrimination is the concept of microaggressions. Pierce (1978) describes microaggressions as “subtle, stunning, and often automatic, verbal and non-verbal putdowns” of the target by the offender. In one study, Pierce observed how the television commercials that were advertised on prime time schedules by major media networks reinforced and propagated racial stereotypes of African Americans, and provided a sobering account of how racial stereotypes are now being seen in everyday occurrences. Racial microaggressions are further defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue et al, 2007). One form of a racial microaggression is a microassault, which refers to explicit behavior that communicates hostility to the target, and is believed to occur in public and private settings but at a more infrequent rate. The second form of racial microaggressions, microinsults, is the subtle snubs that convey messages that are belittling to People of Color. Finally, microinvalidations are the third form of racial microaggressions, and it refers to communications that negate the lived experiences and racial reality of People of Color. The perpetrator often enacts racial microaggressions automatically, and the subtle and automatic nature of their presentation results in the Person of Color feeling confused by the interaction.

Research on racial microaggressions reveal that People of Color participate in a complex process of forming perceptions and making sense of their lived experiences (Sue, Capodilupo, &

Holder, 2008). The researchers assert that when a microaggression occurs, the target Person of Color attempts to determine whether the incident was racially motivated which can consist of analyzing the underlying message that is communicated in the encounter. The next phase of this process is for the Person of Color to decide what action to take, which includes weighing the possible short-term and long-term consequences of any chosen action. It theorized that the process of perceiving and making sense of a racial microaggression is bidirectional and that some phases of this model will possibly be revisited numerous times by the target. The distressing nature of these experiences can have an impact that persists from a few days to many years after the incident (Sue, Nadal et al, 2008; Constantine & Sue, 2007).

There is evidence to support the notion that People of Color may encounter different kinds of racial microaggressions. For African Americans, racial microaggressions are an everyday occurrence, and tend to permeate many areas of life. African Americans experience racial microaggressions in therapeutic settings, academic environments, and the workplace. One area in which racial microaggressions against African Americans have been identified is in the therapeutic environment (Constantine, 2007). African American clients identified several types of racial microaggressions in interactions with mental health professionals: (a.) denial of their racial-cultural differences between counselor and client (i.e., colorblindness), (b.) counselors' denial of personal racism, (c.) counselor accusing an African American of being "hypersensitive" during discussions of racial or cultural issues, and (d.) the counselor offering culturally insensitive treatment considerations when working with African American clients. These incidents not only assail the person's personal integrity but have negative implications for the working alliance between the clinician and African American client (Franklin, 1999; Constantine, 2007; Sue et al, 2007; Sue, Nadal, Capodilupo, Lin, Torino, & Rivera, 2008).



Acts of subtle everyday racial discrimination have also been identified in academic settings and contribute to the perpetuation of an inhospitable learning environment for African Americans (Solorzano, Ceja, & Yosso, 2000; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003; Watkins, LaBarrie, & Appio, 2010). African American students have reported being over-looked in class discussions and accused of academic dishonesty, and having to operate under a dark cloud of assumed criminality while present on campus. These studies reveal that encounters with racial microaggressions may lead to lowered self-esteem and poor academic performance among African Americans through the activation of a stereotype threat (Solorzano, Ceja, & Yosso, 2000; Steele & Aronson, 1995).

Racial microaggressions also cultivate a strenuous workplace environment. African Americans report significantly more mistreatment on the job and lower job satisfaction than their White counterparts (Deitch, Barsky, Butz, Chan, Brief, & Bradley, 2003), and often have to juggle their personal reactions with upholding workplace decorum (Sue, Rivera, Watkins, Kim, Kim, & Williams, 2011). The initial research has been important to the developing knowledge on the impact of racial microaggressions in the lived experience of African Americans (Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al 2008; Constantine & Sue, 2007). However, much remains to be understood about how targets of racial microaggressions are impacted by these experiences, microaggressions as a stressor, and the nature of the coping process.

Stress is defined as either the environmental events that the person perceives as demanding and exceeding one's coping resources, or the individual responses to the event that is considered to be overwhelming or stressful (Cohen, Janicki-Deverts, & Miller, 2007; Lazarus & Folkman, 1984). The three dominant orientations of stress are the stimulus, response, and transactional definitions (Lazarus & Folkman, 1984). A stress stimulus is the definition that is

most often used by those in the field of psychology, and is thought of as an event, either negative or positive, that alters a person's state of equilibrium. It can arise externally from the environment or from within the person as a drive stimulus such as hunger. Stress stimuli have also been characterized as major changes that often affect a group of persons or only one and a few persons (e.g., an earthquake or a car accident, respectively), or as a daily hassle such as feeling lonely (Lazarus & Cohen, 1977). A stress response refers to the cognitive, emotional, behavioral, and physiological changes that are elicited by external and internal events that are known as stressors (Matheny & McCarthy, 2000). First, cognitively, a stressor can have an adverse effect on one's ability to concentrate and on memory retention. Second, one's emotional state is also hijacked by the presence of a stressor, and the emotional experience in the face of a stressor includes fear, anxiety, and depression. Third, when an individual encounters a stressor the release of stress hormones can empower a person to react in extraordinary ways (e.g., lifting a car off of a child). Fourth, stress contributes to behavioral changes like sleep interference and withdrawing from others. Lastly, the physiological dynamics of a stress response include increased heart, and the mobilization of the body's glucose reserves to prepare the individual to react to the stressor.

Most stressors are thought of as major life events like giving birth to a child or having to relocate to a new state. These types of stressors are usually thought of as being in a person's control (e.g., having a specific date for when one will give birth or relocate), and they tend to occur at a relatively low frequency. However, there are other forms of stress like daily hassles that occur at a higher frequency and are not in our control. Daily hassles refer to stressors that are relatively minor, chronic in occurrence, and unavoidable as when interacting with a grocery store cashier with an attitude (Lazarus & Folkman, 1984; Matheny & McCarthy, 2000; Bears,

Connors, & Paradiso, 2007). Daily hassles are believed to be more hazardous than major life events (e.g., giving birth) to one's overall well-being because they are repeated over a period of time and can be experienced at a subconscious level rendering the person unable to predict its occurrence or develop effective coping strategies for dealing with the chronic stressor (Pancheri et al, 1979; as cited in Folkman & Lazarus, 1984). For example the racial slights that are experienced by African Americans (i.e., racial microaggressions) are also considered daily hassles. Racial slights are theorized to be a more harmful stressor because of their high rate of occurrence, these stressors are symbolic of African Americans second-class status, and the cognitive and emotional energy expended in understanding and explaining these incidents can cause a great deal of stress as well- above and beyond a non-stigmatizing daily hassle (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000).

A race-related stressor is categorized as a chronic stressor, and deemed a stronger predictor of psychological distress than a general life event stressor for a Person of Color (Utsey & Ponterotto, 1996). That is to say, while a general life stressor may be experienced in sporadic instances and is believed to have an expiration date so to say, the stress that results from racism has no expiration date because it is the fabric of the daily, lived experience. Similar to Lazarus and Folkman's (1984) renowned work and model of general stress, there are emotional, cognitive and behavioral symptoms of race-related stress. African Americans report experiencing higher levels of race related stress both in the individual and cultural realms as it pertains to perceived racial discrimination in interpersonal interactions and in having their cultural norms, values and beliefs pathologized by the dominant culture (Utsey et al, 2002). Research on how African American men and women cope when confronted with race-related stress suggests that they may differ in their response to subtle forms of unfair treatment (Jones et al, 1996).

Stress that is based in covert or subtle forms of racism is known as microaggressive stress. Microaggressive stress is defined as the cognitive, emotional, behavioral, and physiological reactions that are triggered by race-, gender-, or sexual identity-related events (Sue, 2010). The stimuli that activate the stress response are termed microaggressive stressors. The reactions to microaggressive stressors are theorized as being similar to those that have been discussed in this section for stress as a general concept: physiological reactions of increased heart rate and blood pressure, emotional reactions of anxiety and anger, cognitive appraisal of the meaning of the interaction, and a behavioral reaction of emotion-focused and problem-focused coping. The implication of these reactions can have an adverse effect on an individual's daily functioning whether it is in their place of employment, academic performance, or interpersonal relationships. Erroneously, because of its chronic and subtler nature, microaggressive stressors are often presumed to be benign incidents and its deleterious impact to one's psychological and physical well-being is minimized.

Researchers (Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008) have conducted qualitative analyses of data collected from focus group interviews with African Americans, which identify several types of racial microaggressive stressors. These microaggressive stressors include:

- Negative stereotypes about African American's intellectual ability
- Being deemed and treated as a second-class citizen
- Assumptions that one is prone to criminal behavior
- Assumptions of a monolithic African American experience
- Pathologizing the values and communication styles of African Americans.

Microaggressive stressors identified by other works include cultural/racial isolation and solo-status, which speak to being marginalized as the only African American in an academic department or work place, respectively (Torres, Driscoll, & Burrow, 2010; Niemann & Dovidio, 1998; Thompson & Sekaquaptewa, 2002).

While much more research is needed in this area, evidence is growing to challenge the assumption that African Americans are not harmed as a consequence of racial microaggressions. One study using a mixed method approach examined how three emerging “race-related barriers”- assumptions of criminality/second-class citizen, underestimation of personal ability, and cultural/racial isolation- affect the psychological well-being of African Americans who are doctoral students or graduates of doctoral programs (Torres, Driscoll, & Burrow, 2010). No study to date has investigated the emotional consequences of racial microinsults and microinvalidations for African Americans; however one study with Asian Americans, also a marginalized racial group, found strong evidence that racial microaggressive stress may affect other People of Color as well (Wang, Leu, & Shoda, 2011). This study revealed that racial microaggressive stressors can be emotionally hurtful and detrimental to the emotional well-being of most Asian Americans who experience these events. When the study was replicated to include White Americans, there was a stronger association between the race-relevance of the situation and negative emotional intensity among Asian Americans than for White Americans.

The implication of these responses to stressors can have an adverse effect in an individual’s daily functioning in the workplace, school, and interpersonal relationships. There are a wealth of studies in psychology and other arenas of scientific study that examine physiological reactivity to stressful situations (Smith et al, 2009; Mendelson et al, 2008; Stewart et al, 2006; Clark, Anderson, Clark, & Williams, 1999; Kelsey, 1993) as well as the long-term impact on

one's health which includes increased susceptibility to cardiovascular disease. Stress also has an adverse effect on one's cognitive abilities (i.e., memory, attention and concentration), emotional stability (e.g., anger, fear, anxiety, depression), and behavioral reactions (e.g., sleep deprivation) (Matheny & McCarthy, 2000). The two prominent forms of coping are emotion-focused and problem-focused coping (Lazarus & Folkman, 1984). Emotion-focused coping is aimed at regulating the emotional response to the stressful situation, and incorporates cognitive processes to minimize emotional distress. Strategies categorized as emotion-focused include avoidance, minimizing the impact or significance of the stressful event, cognitive distancing from the environment and corresponding reaction, reframing to change the meaning of the situation, suppression of distressful thoughts, and self-disclosure (Lazarus & Folkman, 1984; Matheny & McCarthy, 2000). Problem-focused coping is exhibited when taking steps to define the problem, generate solutions, weighting the costs and benefits for each solution, and taking action to employ the best strategy (Lazarus & Folkman, 1984). While there is some circulating belief that problem-focused coping is the most beneficial for overall well-being (Matheny, et al, 2000), in theory, the most appropriate coping style is dependent on the individual's cultural values and beliefs, the hospitality of the environmental conditions, and the intensity of the threat (Lazarus et al, 1984). Several studies have investigated how African Americans cope with stress that is triggered by interactions that insult them because of their racial group membership. A preferred coping method sought by African Americans is their social support network. Social support network refers to a system of family, friends, and other degrees of confidants who serve to provide a sense of comfort, security, belonging, self-worth and validation for an individual (Harrell, 2000). In addition to seeking social support, research suggests that African Americans tend to utilize more emotion-focused than problem-focused coping strategies when they

encounter race-related stress (Plummer &Slane, 1996). African Americans using problem-focused coping strategies appear to endorse more planful problem solving (e.g., conscious efforts to change the situation and actively cope) and confronting coping methods. Engaging in emotion-focused is seen as a more passive means of coping with racially stressful situations and involved cognitive distancing from the situation, emotional and behavioral escape-avoidance, positive reappraisal of the situation (i.e., focus on personal or religious meaning), and controlling one's feelings or actions (i.e., self-controlling).

The majority of the published work on how African Americans cope with racial stressors tends to focus on blatant acts of racism. Research has found that African American males respond with greater negative affect (e.g., depressed mood, anger, and annoyance) when they encounter ambiguous racism (i.e., aversive racism) than with blatant racism (Bennett et al, 2004; Merritt et al, 2006). However, an increased immediate negative mood response was observed during the blatantly racist stimuli only for African American women. The authors state that this difference is accounted for by the fact that there is a longer interpretation process in exchanges that involve covert racism because the evidence is not as incontestable.

Only one study could be found that looks at how People of Color respond to racial microaggressions. Hernandez, Carranza, and Almeida (2010) have conducted a qualitative study of how mental health professionals of African, Asian, and Latin American descent in the United States and Canada adaptively respond to racial microaggressions while carrying out their professional obligations. The coping responses revealed in this study include: 1.) Identifying key issues such as their personal reactions and a consideration of the involved parties (e.g., responsibilities as a professor or clinician) when deciding how to respond to racial microaggressions; 2.) Confronting the aggressor; 3.) Self-care; 4.) Seeking support from White

allies; 5.) Spirituality; 6.) Documenting the incidents; 7.) Mentoring others; and 8.) Organizing public responses to the racial microaggressions. Many participants spoke to how their adaptive responses have evolved over time and are informed by “experiencing a lifetime of racism” (Hernandez, Carranza, & Almeida, 2010). This study provided a significant contribution to the growing literature on coping with racial microaggressions, and a quantitative instrument that assesses the coping strategies that are used to manage reactions to racial microaggressions would confirm these findings.

The present study examined microaggressions in the lived experience of African Americans and investigated the psychological well-being and physical health of those who endorse the daily occurrence of subtle unfair treatment. The published work, to date, on microaggressions has successfully provided a rare window into the lives of African Americans and their everyday experiences of racial microaggressions, and the authors continue to implore colleagues to further investigate the effects of these microaggressive stressors (Sue, Capodilupo et al, 2007; Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Sue, 2010). As we expand our understanding of the impact of microaggressions, it is also important to identify adaptive approaches to coping. The current study also investigated coping as a buffer to the effects of racial microaggressions encountered by African Americans.



## Chapter II

### **Literature Review**

In recent years, media outlets and sociopolitical pundits have pondered whether the United States has a “race problem;” investigated and likened to that of a common pest problem. Likewise, the race problem for the U.S. is like the infestation that the country could never quite get under control. This speculation about whether a race problem exists or has been eradicated became notable with the nomination, and eventual election of the nation’s first African American as President of the United States. Unfortunately, the problem of race is nothing new. However, its modern presentation is. For this next section there will be a discussion on traditional racism and conceptualization of its modern, covert forms.

#### **Racism**

Racism has sustained its presence in the United States for several hundred years. In order to understand the basis for modernized presentations of racism, one must begin with its original form, or what is often referred to as overt racism. According to Jones (1997), racism is systemically organized, rather than a one-dimensional concept. The five basic characteristics of racism are a: “1. belief in racial superiority-inferiority, based implicitly or explicitly in biological differences, 2. strong in-group preference, solidarity, and the rejection of people, ideas, and customs that diverge from the in-group’s customs and beliefs, 3. doctrine (or cultural or national system) that conveys privilege or advantage to those in power, 4. elements of human thought and behavior that follow from the abstract properties, social structures, and cultural mechanisms of racialism, and 5. systemic attempts to prove the rationality of beliefs about racial differences and the validity of policies that are based on such beliefs (p. 373).” This systemic organization of the concept of racism is broken down into three forms (Jones, 1997): individual racism (i.e.,

believing African Americans are to be inferior to White Americans in social and political positioning on the basis skin color and biological reasoning), institutional racism (i.e., systemic policies and practices that place People of Color to a disadvantage in American society), and cultural racism (i.e., expressing one's group norms and worldview as superior to those of People of Color). Racism is used to systematically and individually promote the benefits and superior social status of the members of the dominant racial group while oppressing the quality of life of members of the inferior racial group (Jones, 1997; Sue, 2006). In the United States this refers to People of Color or persons who are members of a visible racial and ethnic group (i.e., persons of African descent, Asian descent, Latin American descent, American Indians, and Middle Eastern/North African descent [MENA is being considered for inclusion as a formal racial designator for persons descended from the Middle Eastern and North African region; Samhan, 1999; Smith, 2012]).

When examples of overt racism are thought of the most common reference is to chattel slavery- indentured servitude that is a part of the African American ancestry. Chattel slavery, though the most obvious example of racism, is not the only experience that African Americans have encountered. Racism was experienced by the establishment of Black Codes (similar to antebellum Slave Codes) that limited Blacks' ownership of property post-Civil War, Vagrancy laws that forced freedmen or former slaves to work, and Jim Crow laws which subjected African Americans to separate and often drab public facilities (e.g., schools, restaurants, restrooms; Wilkerson, 2010; Zinn, 2003). Without a doubt, the most radical forms of racism were enforced by means of violence against African Americans. Social groups founded on the principle of White superiority (e.g., the Klu Klux Klan, the Council of Safety, and the White Brotherhood) formed out of a view that Blacks posed a threat to a lifestyle cultivated by Whites established

political and economic power. The extremist's objective was to instill fear and ensure that Blacks remained in an inferior status to that of Whites (Franklin & Moss, 1988). These extreme groups of White supremacy are responsible for the innumerable accounts of harassment, maiming, and murder of Blacks. Indeed, these and other public forms of inhumane, racist violence were used as scare tactics in an attempt to keep members of the Black community in their "natural inferior status" in American society, economy, and political representation. While the traditional, overt form of racism is still experienced at a more infrequent rate, it is no longer socially acceptable in the United States and has been transformed into modern, more covert forms of racism.

### **New Face of Racism**

"To define racism only through extreme groups and their extreme acts is akin to defining weather only through hurricanes. Hurricanes are certainly a type of weather pattern--a harsh and brutal type--but so too are mild rainfalls, light breezes, and sunny days. Likewise, racism is much broader than violence and epithets. It also comes in much quieter, everyday-ordinary forms."

Desmond and Emirbayer, p.342, 2009

Since the "death" of the Jim Crow laws and the like, racism has, for the most part, taken on new more covert forms of manifestation. That is to say, the manner in which racism is expressed has changed due to a shift in sanctioned social behavior. Dovidio and Gaertner (1986) point to several opinion polls illustrating a shift in racial attitudes and thoughts on stereotypes. These public opinion polls reveal increased support for integration of educational buildings, parks, buses and other public spaces between Whites and Blacks. For example, the National Opinion Research Center (NORC) reports that in 1942, 2% of southerners and 40% of northerners supported school integration, whereas in 1970, 45% of southerners and 83% of northerners agreed that Blacks and Whites should go to school together (Dovidio & Gaertner,

1986). This sentiment was also expressed with regards to African Americans obtaining jobs, taking public transportation, and using restaurants and hotels which more than 60% of respondents endorsed in the 1960s. White Americans' pro-integration attitudes increased with regards to having more intimate contact with African Americans as well (e.g., inviting African Americans to one's home for dinner; Dovidio & Gaertner, 1986; Taylor, Sheatsley, & Greeley, 1978). Thus, it was socially appropriate and positively regarded to embrace and support egalitarian political views. This shift, however, did not translate to covert attitudes about Blacks overtime either intentionally or unintentionally (Dovidio & Gaertner, 1986). Social psychologists and theorists have conceptualized six types of subtle, covert racism (see Table 1).

Table 1 <i>Forms of Subtle, Covert Racism</i>		
<b>Form of Racism</b>	<b>Definition</b>	<b>Similarities and Differences</b>
Symbolic Racism	Does not believe African Americans pose an economic or sociopolitical threat to White Americans, however, does believe that African Americans violate traditional American values and, thus, are not deserving of any assistance	Focus is on the violation of American values and contempt for governmental assistance to Blacks
Laissez-faire Racism	Belief that African Americans are to blame for their economic and political struggles and a denial of the existence of institutional barriers hindering the advancement of African Americans	Message that Blacks are to blame for their socio-political and economic standing and not racism
Ambivalent Racism	Holding contradicting anti-Black (e.g., negative stereotypes and an aversion to interracial contact) and pro-Black attitudes (e.g., support for laws prohibiting discrimination in housing and education)	These individuals hold both anti-Black and pro-Black sentiments in their support and lack of support for policies proposed to better the lives of African Americans
Colorblind Racism	Denial of the significance of racism in an individual's lived experiences, and general belief that race does not and should not matter in modern society	Individuals that deny the existence and influence of racism in the lived experiences of African Americans

Aversive Racism	Subtle form of bias expressed by those who embrace egalitarian values but may also possess negative racial feelings and beliefs that they try to dissociate from their self-image as non-prejudiced	This individual holds egalitarian views of how society should operate and tries to dissociate his or her conscious or automatic negative racial feelings from their self-image as a “proponent of equality”
Racial Microaggression	Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward People of Color	This form of subtle racism focuses on the verbal, behavioral, and environmental cues that communicate intentional and unintentional negative racial slights toward People of Color

**Symbolic Racism.** One of the ways in which covert racism is expressed is called symbolic racism. The term was coined by Sears and Kinder to describe a melding of strong, traditional American values, and racialized anxiety and antagonism that is expressed towards African Americans (Kinder & Sears, 1981; Sears & Henry, 2003). Symbolic racism is the concept of holding anti-Black prejudices and fear that is related to the Protestant values of individualistic, independence of self, compliance with societal norms and rules, and self-discipline (Hughes, 1999). This belief system stems from early-learned racial stereotypes about African Americans and engrained feelings of social decorum (Kinder & Sears, 1981). Unlike traditional racism, the person who operates in symbolic racism does not believe African Americans pose an economic or sociopolitical threat to White Americans, but believe that African Americans violate “traditional U.S. values” and, thus, are not deserving of any help (Hughes, 1999). One way that this form of racism may be expressed is when an individual states that Blacks have not excelled in social status because they do not work hard enough to do so.

**Laissez-faire Racism.** Laissez-faire racism, another form of covert racism, is expressed by Whites who believe that Blacks are to blame for their economic and political struggles due to their cultural inferiority, deny that institutional barriers are hindering the progression of members in ethnic-racial groups, and do not support strategies for remedying social inequalities (Bobo et

al, 1997). An example of laissez-faire racism includes opponents of policies like affirmative action that aims to encourage equal opportunity for people who are marginalized on the basis of race, gender, ability, and/or sexual identity and are seeking equal opportunities in employment, housing, and educational attainment.

**Ambivalent Racism.** Modern racism has also been described by the term ambivalent racism. Ambivalent racism stems from the contradictory positive and negative racial attitudes held towards Blacks (Katz, Wackenhut, & Hass, 1986; Katz & Hass, 1988). Ambivalent racism is evidenced when a White American verbalizes support for policies that would improve the social status of African Americans such as equal housing regulation but also being unsupportive of proposals for Blacks buying homes in a suburban or gated community out of concern for safety. Scholars contend that anti-Black racial hostility has persisted due to the complexity of racial ambivalence.

**Colorblind Racism.** Colorblind racism (Neville et al, 2001) takes into account the embedding of racism in social structures as well as denial and evading the significance of race in individuals' lived experiences. Similar to laissez-faire racism, colorblind racists blame the oppressed for their oppression, resist efforts to ameliorate social and institutional conditions, and possess unrelenting negative stereotypes about marginalized racial groups. The primary premise of colorblind racism is that race should not and does not matter in modern society (Neville et al, 2000). When interacting with persons of a marginalized racial group, for instance African Americans, colorblind racism is demonstrated by avoiding the topic of race and expressing a belief that one "does not see color" or that it is unimportant all while holding staunch racist beliefs. While this particular manifestation of racism seems benign, the malignancy is in the presumption that racism is no longer in play at the individual, institutional, and cultural realms.

**Aversive Racism.** Aversive racism is best defined by Dovidio and Gaertner (1986, 2004) as “a subtle form of bias that is characteristic of many White Americans who possess strong egalitarian values and who believe that they are not prejudiced... but may also possess negative racial feelings and beliefs that they are unaware of, or that they try to dissociate from their images of themselves as non-prejudiced”. Aversive racism is highly prevalent and one reason for this may be that many White Americans value equal rights and tend to be sympathetic toward victims of injustice. Embracing such an egalitarian position can make it difficult for one to conceive or consciously acknowledge negative feelings one may hold about other racial groups. This form of covert racism emblazons a conflict between how the person sees her or his self (e.g., sincere egalitarian values) and what actually manifests in the presence of People of Color (e.g., discomfort and fear when around African Americans).

Although the presentation of racism has changed, in most instances, the premise that the White race is superior to and thus due more power (e.g., economic and political) remains the same. An assertion for each form of modern racism is that the perpetrator of such actions is not aware or does not acknowledge on a conscious level that they would harbor the sentiment overtly expressed during an antebellum Jim Crow. Several research studies have been conducted to reveal that most White Americans of this time believe that they are more progressive and more open than the White Americans who blatantly refused to serve, treat, or educate African Americans solely on the standard of their skin color (Neville et al, 2000; Apfelbaum et al, 2008).

### **Racial Microaggressions**

The concept of microaggression dates back to the work of Chester M. Pierce (1978; 1995). Pierce describes microaggressions as “subtle, stunning, and often automatic, verbal and non-verbal putdowns” of the target by the offender. In one study, Pierce (1978) observed how

the television commercials that were advertised on prime time schedules by major media networks reinforced and propagated racial stereotypes of African Americans. The study revealed that Blacks were never depicted in positions of authority and never shown grooming oneself or grooming other Blacks. In depictions of a stable family in television commercials, 98-percent of the commercials featured White actors and two-percent featured African American actors. Furthermore, African American males were never seen in a family context in the television commercials. African Americans also were disproportionately depicted as subservient and “engaging in unthinking activities (i.e., eating)” when featured in commercials. This study is a sobering example of how racial stereotypes held by the dominant culture are now being seen in more subtle and covert forms.

Solorzano and colleagues (2000) have built upon Pierce’s work to explore how students of color experience racial microaggressions on college campuses. Their critical race theory framework for education “attempts to foreground race and racism in the research as well as challenge the traditional paradigms, methods, texts, and separate discourse on race, gender, and class by showing how these social constructs intersect to impact on communities of color (i.e., communities of visible racial/ethnic groups).” The researchers assert that by placing, in the forefront, these constructs that perpetuate social and institutional marginality, it offers reassurance to individuals who live in these marginal statuses that they are not alone. The students’ experiences include being ignored by professors when the student is the only or one of a few students of color in the classroom, being told that their admissions into the college is due to affirmative action, and feeling that their White instructors and their White peers expect very little from them because of their race. The cumulative effects of these experiences were shown to be detrimental to the students’ academic progress. The students reported feeling discouraged,

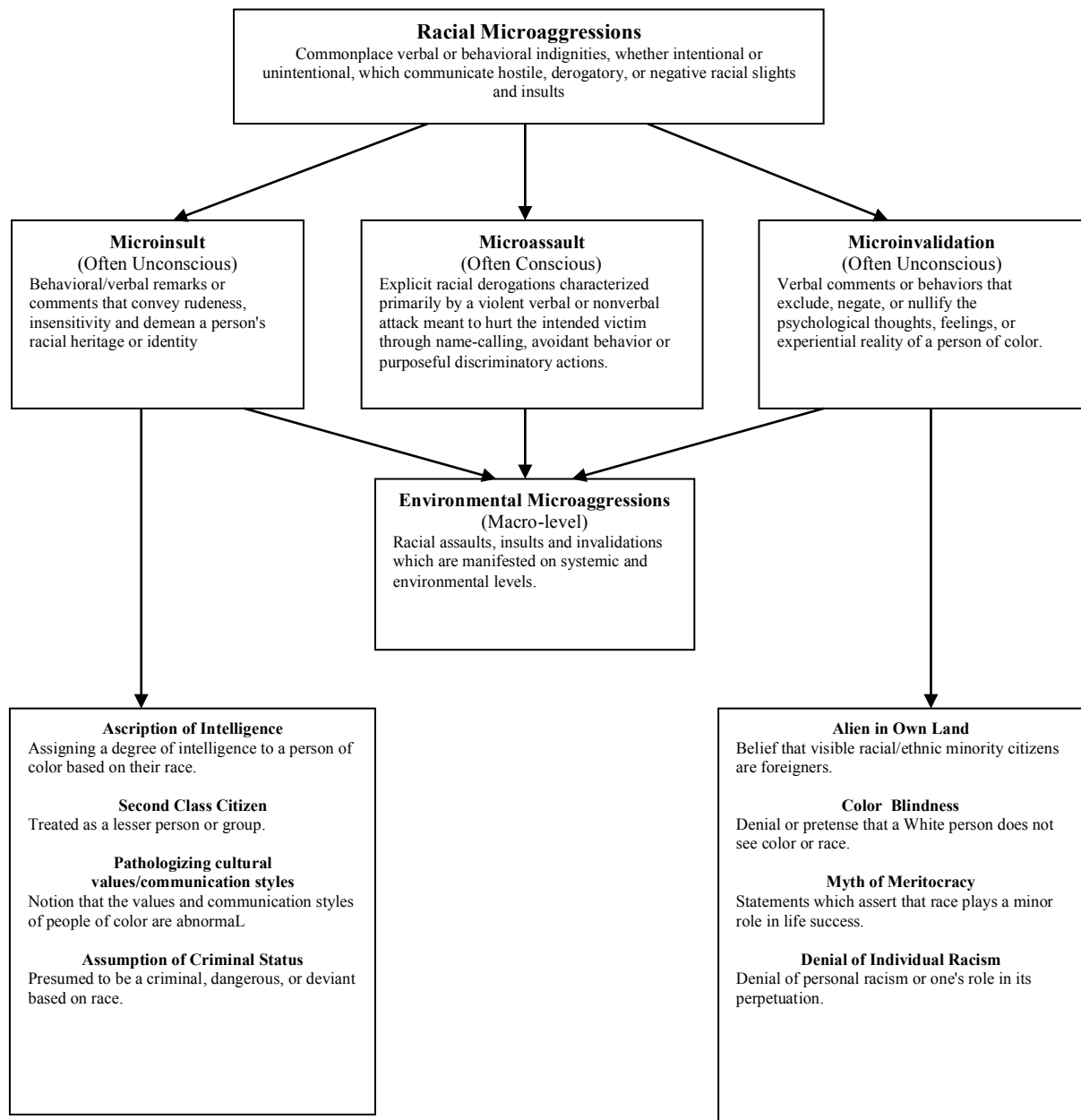


frustrated, and stressed due to a desire to perform well and succeed in their academic endeavors in the face of daily hassles of racial microaggressions that are present in the academic setting (Solorzano et al, 2000).

For the purpose of this study, racial microaggressions are defined as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward People of Color” (Sue et al, 2007). Sue and his colleagues (2007) theorize three forms of racial microaggressions: microassaults, microinsults, and microinvalidations (see Figure 1).

Microassaults are the explicit behaviors that communicate hostility. This form of microaggressions occurs at an infrequent rate. Microinsults are described as subtle snubs, both verbal and nonverbal, that convey messages denigrating the target’s racial or ethnic group membership. Such messages are conveyed when a Person of Color’s placement in a job or institution of higher education is credited to Affirmative Action policy or to “meet a quota,” rather than a belief that the individual possesses the qualifications necessary for placement in the organization or institution. For instance, Africans Americans often battle the assumption that they are inferior (academically, professionally, and socially) because of the color of their skin (Sue, Capodilupo, & Holder, 2008). Microinvalidations are communications that negate or deny the lived experience and the racial reality of a Person of Color. Telling an African American that “I don’t see color” is a microinvalidation in that it negates the African American’s racial reality through a statement which asserts one is color-blind and believes racial group membership is irrelevant to one’s socio-economic standing (Sue et al, 2007; Gallagher, 2003).

Figure 1: Categories of and Relationships Among Racial Microaggressions (Sue et al 2007)



The power of the microaggression is in its subtle nature (Sue et al 2007). It presents a special problem for both the perpetrator and target of the racial encounter. Microaggressions are enacted automatically and are informed by learned racial prejudices and stereotypes. Those who enact a racial microaggression deny the presence of racial undertones in the communication

because they do not view themselves as possessing racial prejudice about People of Color. With regards to Persons of Color, they are often stunned by the occurrence of the racial microaggression because it happens quickly in the interaction. Also, the perpetrator's denial of racial undertones in his or her communication or behavior with People of Color shows to only further muddle understanding of the exchange.

Several themes of racial microaggressions targeting People of Color have been outlined by Sue and his colleagues (2007; see Figure 1). "Alien in own land" refers to when a person, namely Latino Americans and Asian Americans, is believed to be born in another country (i.e., not "true" Americans). An example of this exchange would be the repeated questioning of which country an individual and/or his or her family consider home. "Ascription of intelligence" is characterized by the prejudice assignment of intelligence to an individual based on their race (e.g., Asian Americans are good at math/science or that African Americans are unintelligent). "Colorblindness" refers to when a person claims to not see color and does not acknowledge racial or ethnic differences- the result is a denial of the racial privilege and oppression that is exposed through racial microaggressions. The "assumption of criminality" is characterized by thoughts that People of Color are dangerous or deviant. A person is said to be "denying individual racism" when a White American refutes claims that they hold racial biases. The "myth of meritocracy" is characterized by a belief that anyone, regardless of race, can attain the American dream. The authors' example of "pathologizing one's cultural values/communication styles" echoes Jones' (1972) description of cultural racism, holding one's own cultural values and norms superior to that of other racial groups. The message is that the norms and values of the dominant White group are what African Americans, Latinos, Asians, and American Indians should assimilate into their own culture (e.g., individualism, emotional control). Sue et al's

(2007) concept of second-class citizen refers to when People of Color are addressed as separate and of lower citizenship than White Americans.

**Racial Microaggressions and African Americans.** Racial microaggressions are an everyday occurrence, and tend to permeate many areas of life for African Americans. These areas include mental health settings, academic environments, and the workplace. The presence of racial microaggressions in these settings can be consequential to the overall well-being of targets in these incidents.

**Mental Health Practice.** When we think of counseling or psychotherapy, usually, one does not anticipate a harmful or invalidating experience. The tenets of the mental health profession include providing a safe space for the client or patient that is founded on the principles of empathy, honesty, and fair treatment (Ivey & Ivey, 2003). However, one area in which racial microaggressions against African Americans have been identified is in the therapeutic environment. In cross-racial counseling relationships, well-meaning mental health professionals communicate subtle racial slights and insults to African American patients (Constantine, 2007). African American clients identified several types of racial microaggressions in their therapeutic relationship with White counselors. The racial microaggressions include denial of their racial-cultural differences between counselor and client (i.e., colorblindness), counselors' denial of personal racism, counselor accusing an African American of being "hypersensitive" during discussions of racial or cultural issues, and counselor offering culturally insensitive treatment considerations when working with African American clients. These messages, while unintentional, assail the client's racial group membership and, possibly, personal integrity. Furthermore, it impedes on the therapeutic working alliance, which is critical

to the attainment of treatment goals and the developmental process in counseling (Franklin, 1999; Constantine, 2007; Sue et al, 2007; Sue, Nadal, Capodilupo, Lin, Torino, & Rivera, 2008).

**Education.** African Americans have overcome numerous obstacles overtime in their pursuit of education (i.e., laws and institutional policies limiting their access to educational spaces and opportunities), and a history of encountering strife when permitted to enter predominantly White institutions. This is not restricted to the issue of times past- again, when racial discrimination was widely sanctioned in the U.S. (e.g., Supreme Court ruling of Brown vs. Board of Education of Topeka, KS, and the group of African American students known as “The Little Rock Nine”; Franklin & Moss, 1988). Acts of subtle everyday racial discrimination have also been identified in academic settings in present times and contribute to the perpetuation of an inhospitable learning environment for African Americans. There are several studies that focus on how African American undergraduates are affected by the presence of racial microaggressions in higher education (Solorzano, Ceja, & Yosso, 2000; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003; Watkins, LaBarrie, & Appio, 2010). African American students have reported being overlooked in class discussions or accused of academic dishonesty, which is attributed to assumptions that are made about the aptitude of members of their racial or ethnic group (Solorzano, Ceja, & Yosso, 2000; Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Watkins, LaBarrie, & Appio, 2010). Another racial microaggression experienced by African American students is the assumption that one is prone to criminal or violent behavior. Students report having their majority or all-Black social functions monitored and, at times, shut down by campus police; and being questioned by policing officials about their presence on a college campus. Studies suggest that encounters with racial microaggressions may lead to lowered self-esteem

and poor academic performance among African Americans through the activation of a stereotype threat (Solorzano, Ceja, & Yosso, 2000; Steele & Aronson, 1995).

**Employment.** Instances of subtle, everyday racial discrimination are present in workplace settings as well. Although there is a dearth of research in this area, current work reveals that African Americans have identified microaggressive incidents at their place of employment. In one study comparing African American and White American perceptions of subtle unfair treatment in the workplace, African Americans reported significantly more mistreatment on the job and lower job satisfaction than their White counterparts (Deitch, Barsky, Butz, Chan, Brief, & Bradley, 2003). Furthermore, they found that everyday discrimination partially accounted for the lower job satisfaction of African American employees. Another study revealed that African American professors- and other Faculty of Color- in the academic sphere are keenly aware of racial microaggressions, and, thus, can identify them in interracial exchanges (Sue, Rivera, Watkins, Kim, Kim, & Williams, 2011). The academics in this study also shared internal struggles like emotional conflicts and remaining objective that are experienced in professional settings when a Person of Color (e.g., African American) encounters racial microaggressions. It seems that African Americans are in a constant state of juggling these conflicting demands when managing racial microaggressions, and further research is needed to better understand the impact of this phenomenon.

### **Stress and Stressful Life Events**

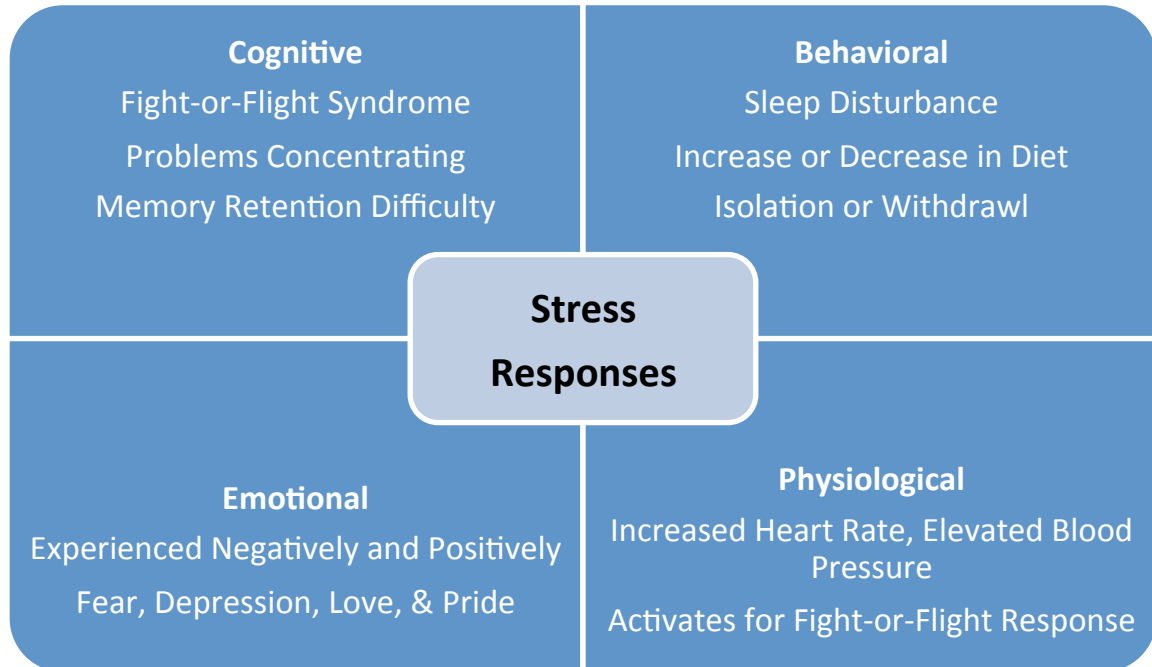
Stress is defined as either the environmental events that the person perceives as demanding and exceeding one's coping resources or the individual responses to the event that is considered to be overwhelming or stressful (Cohen, Janicki-Deverts, & Miller, 2007; Lazarus & Folkman, 1984). Lazarus and Folkman (1984) recommend that theorists and researchers view

stress as an overarching concept for understanding a plethora of phenomena of interest in human adaptation. Taking this approach, they continue, also includes the development of an organized framework that specifies the antecedents, processes, and outcomes pertaining to the stress phenomenon. The three dominant orientations of stress are the stimulus, response, and transactional definitions (Lazarus & Folkman, 1984).

**Stimulus Orientation.** According to the stimulus perspective, stress is thought of as an event, either negative (i.e., distress) or positive (i.e., eustress), that impinges on a person. It can arise externally or from within the person as a drive stimulus such as hunger. Stress stimuli have also been characterized as major changes that can affect a large group of people or only one and a few persons such as an earthquake or a car accident, respectively. Such incidents tend to happen at an infrequent rate. On the other hand, stress can also present itself as a daily or chronic hassle such as when commuting to and from work. The types of stimuli that may be considered a stressor include a traffic jam, running late, or reckless driving (Lazarus & Cohen, 1977).

**Response Orientation.** In the fields of biology and medicine, stress is defined as a response. Based on the response definitional perspective stress is characterized as a state (i.e., being stressed), a variety of reactions, or a feeling of distress. A stress response refers to the cognitive, emotional, behavioral, and physiological changes that are elicited by external and internal events that are known as stressors (Matheny & McCarthy, 2000). Examples of these four stress responses are illustrated in Figure 2.

Figure 2: Stress Response Perspective



A. Cognitively, an event is assessed to determine if the person should confront the stressor or flee for safety because the demands of the stressor outweigh his or her resources; this is known as the fight-or-flight syndrome. Also within the cognitive realm of understanding stress, an event can also have an adverse effect on one's ability to concentrate and on memory retention, which can have far-reaching consequences of one's personal and professional lives.

B. Similarly, stress also plays on our emotional state and well-being. The emotions that are often experienced as a result of a stressful event include fear, anxiety, anger, and depression. However, there is evidence and emerging focus on the role of positive affect in stress literature on emotions (Folkman & Moskowitz, 2000; Lazarus, 2000). The complexity of understanding the nature of emotions is not missed in this realm of research. For instance, emotions that are traditionally deemed positive affect like love and pride can be experienced as distressing, and



conventionally negative affect like anger can be experienced as positive in some situations (Folkman & Moskowitz, 2000).

C. Behaviorally, the release of stress hormones can power the body to act in extraordinary ways when they encounter a stressful event. One example of this is the case of a group of students in Utah who rushed to the aid of a motorcyclist who became trapped under a burning car as a result of a motor vehicle accident (Chicago Sun-Times, 2011). The students all report that they didn't think immediately about the danger that an inflamed car posed to them, they just acted quickly in response to what could have been a lethal event for the motorcyclist. Other behavioral manifestations of stress include sleep interference, diet change, procrastination, and isolation of one's self or withdrawal when faced with a stressor (Matheny & McCarthy, 2000).

D. In addition to the cognitive, emotional, and behavioral reactions to stressors, there are also physiological responses of stress. When faced with a stressor, the autonomic nervous system (ANS) is aroused to go into immediate action. The autonomic nervous system is responsible for controlling automatic bodily functions like heart rate, digestion, breathing, and body temperature (Bear, Connors, & Paradiso, 2007). The ANS is made up of two distinct systems, the parasympathetic nervous system (PNS) that promotes relaxation and the sympathetic nervous system (SNS) that initiates the fight-or-flight response. In a stressful situation, the sympathetic nervous system goes into action by increased heart rate, elevated blood pressure, decreased digestive functions, and the mobilization of the body's glucose reserves. Once the stressful situation has passed, the sympathetic response decreases and the parasympathetic nervous system takes over by lowering heart rate and blood pressure, restoring digestive functions to normal activity, extinguishing bodily perspiration, and slowing breathing patterns. With the stress

response approach there is no systematic of knowing what will be a stressor, so one must wait for the reaction to indicate that the event is a stressor (Lazarus & Folkman, 1984). For example, a sharp increase in heart rate can be due to a cardio workout, rather than being frightening a snake or other object that induces stress. Thus, the stress reaction cannot be interpreted without considering the stimulus or stressor.

**Relational Orientation.** Another way that stress has been defined is in relational terms. Lazarus and Folkman's (1984) definition of stress accentuates "the relationship between the person and the environment, which takes into account characteristics of the person on the one hand, and the nature of the environmental event on the other (p.21)". This definition of stress acknowledges and allows for differential perceptions of stress that involves interplay of internal (i.e., individual appraisal) and external factors (i.e., an event that is stressful regardless of individual differences). In its most fundamental sense, one is believed to be in a state of stress when she or he perceives the demands of a stressor to be in excess of her or his resources and a threat to her or his well-being. Lazarus and Folkman (1984) assert that cognitive appraisal is the primary determinant of whether a person-environment interaction is considered stressful. According to the authors, cognitive appraisal refers to the evaluative process of categorizing and making meaning of the numerous interactions that take place on a daily basis. There are two evaluative processes that take place in no specific order or ranking of importance: primary appraisal and secondary appraisal. ***Primary appraisal*** is concerned with assessing the relevance of the stressor, its immediacy, how the individual will be affected by the experience, and whether the stressor is perceived as a challenge (i.e., seen as controllable and focus is on the gains and benefits) or a threat (i.e., considered out of one's control and focus is on the potential harm). ***Secondary appraisal*** is an evaluative process that assesses one's available coping options, the

appropriateness of the coping options, and one's ability to effectively execute the coping strategy (Lazarus & Folkman, 1984). Individuals also engage in cognitive reappraisal when they receive new information about the person-environment interaction, which serves to appropriately alter the individual's primary and/or secondary appraisal process. *Reappraisal* is critical for understanding that as beings we are constantly receiving updated information about the state of our environment, which is important for ensuring that we respond accordingly to preserve our well-being. For example, an individual hiking in the mountains must determine whether an object on the ground is a benign-positive (e.g., a stick they can use during their hike) or a threat (e.g., a venomous snake), and react in a way that is justified by their appraisal. Upon approaching the object, if the hiker determines it to be a stick it is not necessary to begin the psychophysiological process of fight-or-flight and there is no need for further arousal. If, however, the object moves and through the reappraisal process the hiker realizes it is a snake, their survival hinges on their ability to immediately react with appropriate arousal and avoid the snake. In general, and perhaps depending on the location, an individual's run-ins with fearful objects such as snakes occur at an infrequent rate and are controllable, usually, by positioning one's self to avoid or decrease the likelihood that she or he would encounter this type of stressor. Similarly, major life events like giving birth or having to relocate for a job are events that are within the person's control and that tends to occur at a relatively low frequency. However, there are other forms of stress like daily hassles that occur at a higher frequency and are not in our control.

Daily hassle refers to stressors that appear relatively minor, chronic in occurrence, and unavoidable as when interacting with a grocery store cashier with an unpleasant disposition (Lazarus & Folkman, 1984; Matheny & McCarthy, 2000; Bears, Connors, & Paradiso, 2007).

Daily hassles are believed to be more hazardous than major life events (e.g., giving birth) to one's overall well-being because they are repeated over a period of time and are experienced at a subconscious level rendering the person unable to predict its occurrence or develop effective coping strategies for dealing with the chronic stressor (Pancheri et al, 1979; Folkman & Lazarus, 1984). Another example of a daily hassle or chronic stressor are instances of slights and differential treatment that are experienced by persons who are marginalized on the basis of their racial, gender, sexual identity, and religion group membership. Specifically, racial slights such as racial microaggressions that are experienced by People of Color are described as being insidious, which falls under the category of being a daily hassle (Sue et al, 2007; Sue, 2010).

### **Stress and Racial Microaggressions**

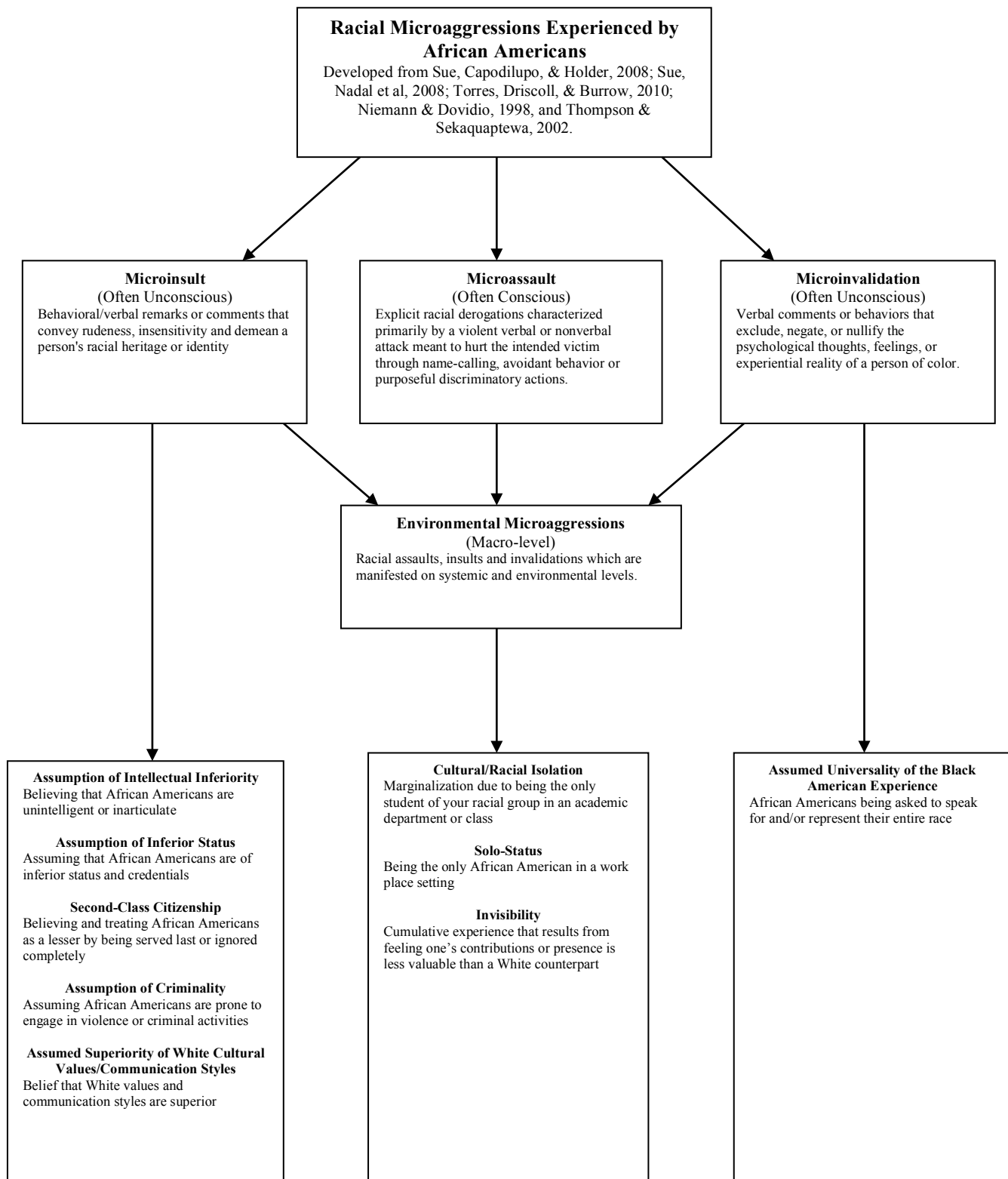
People of Color have a long standing history of being subjected to oppression and inferior treatment by the dominant White American group on the basis of their race and stereotypical misconceptions about to their race or ethnic groups. One way that these experiences with racism have been conceptualized is as race-related stress. Race-related stress refers to the specific stress induced by experiences of racial discrimination encountered by visible racial and ethnic group members in their daily lives (Utsey & Ponterotto, 1996). The racial stressor can be experienced at the individual, institutional and cultural level (Jones, 1972) and as a collective experience as well (e.g., members of the socially dominant race gather to restrain the rights of an inferior racial group; see Essed, 1990). A race-related stressor is categorized as a chronic stressor, and deemed a stronger predictor of psychological distress than a general life event stressor for a Person of Color. One reason is that while a general life stressor may be experienced in sporadic instances and have an expiration date so to say, the stress that results from racism has no expiration date because it is woven into the daily, lived experience of People of Color in general and African

Americans, specifically. Additionally, for African Americans stress that is coated in racism is symbolic of their ancestry in the U.S. (e.g., chattel slavery and the Jim Crow era), reminds African Americans of their second-class citizenship, the cognitive and emotional energy expended in understanding and explaining these incidents can cause a great deal of stress as well- above and beyond daily hassles that do not assail racial group membership (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000).

Race-related stress appears to impact members of the African American community at a disproportionate rate. When compared to other ethnic groups like Latinos and Asian Americans, African Americans report experiencing higher levels of race related stress both in the individual and cultural realms (Utsey et al, 2002). In particular, African Americans report greater stress related to perceived racial discrimination in interpersonal interactions and in having their cultural norms, values and beliefs pathologized by the dominant culture.

Another way in which stress derived from instances of racism has been conceptualized is as microaggressive stress. Microaggressive stress is defined as the cognitive, emotional, behavioral, and physiological reactions that are triggered by race-, gender-, or sexual identity-related events (Sue, 2010). Hence, the event- based in racism, sexism, and heterosexism- that activates the stress response is termed a microaggressive stressor. Microaggressive stressors can be depicted by themes that have been identified in the literature. Researchers (Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008) have conducted qualitative analyses of data collected from focus group interviews with African Americans that identified several types of racial microaggressive stressors. In Figure 3 the racial microaggressive stressors experienced by African Americans are outlined.

Figure 3: Racial Microaggressions Experienced by African Americans



One of the stressors reported by African Americans in the study is the assumption that members of their racial group are intellectually inferior, and that one's professional or academic success is an anomaly because of their racial group membership (Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008). Being treated as a second-class citizen is another source of racial microaggressive stress that came out of the study (e.g., being ignored when waiting to be served in a restaurant or local store). Another common type of stressor faced by African Americans is the assumption that one is prone to engage in criminal activity or the person is not trustworthy. A typical experience is being followed while shopping which participants explain makes them carry around a burden of guilt when they have done nothing wrong (Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008). Additional microaggressions against African Americans include the assumption that the African American is of inferior status, expectations that there is a universality to the African American experience wherein one is held to speak for the entire racial or ethnic group, and the devaluation and pathologizing of their cultural values. Other types of stressors affecting African Americans that are identified by researchers include underestimation of personal ability and cultural/racial isolation (Torres, Driscoll, & Burrow, 2010). Underestimation of personal ability is an off-shoot of Sue, Nadal et al's (2008) finding that African Americans encounter assumptions that they are not capable of higher-level intellectual ability in that it involves the person having to prove one's intellectual ability constantly. Whereas the microaggressive stressor of cultural/racial isolation highlights the experience of feeling marginalized and isolated due to being the lone African American student in an academic department; this dynamic is also known as solo-status and is experienced among African

Americans in work settings as well (Niemann & Dovidio, 1998; Thompson & Sekaquaptewa, 2002).

Because of the invaluable contribution of existing research, a sound foundation is set in place for future work to further our understanding of the psychological and physical impact of racial microaggressions. However, these trailblazers in the field also point out that, albeit a critical first step to unraveling the phenomenon, there is a need for more quantitative methodology to be employed to broaden racial microaggressions research (Sue, Nadal et al, 2008; Lau & Williams, 2010). This is particularly important to address limitations like generalizability, a major critique of any qualitative work, which make it challenging to extend these findings to a diverse population. One way this need is being addressed is with the development of racial microaggression scales to capture the frequency at which these stressors occur (Torres-Harding, Andrade, & Diaz, 2012; Nadal, 2011; Mercer, Zeigler-Hill, Wallace, & Hayes, 2011). For the present study, the Racial and Ethnic Microaggressions Scale (RMES; Nadal, 2011) will be utilized. The Inventory of Microaggressions Against Black Individuals (IMABI; Mercer, Zeigler-Hill, Wallace, & Hayes, 2011) is a sound instrument, however the RMES was selected because recent findings on microaggressions resonate with its scales and items. Also, the scales of REMS demonstrate high reliability with the subsample of African Americans involved in the study. The Racial Microaggressions Scale (RMAS; Torres-Harding et al, 2012) was not selected because, although it includes themes/scales that have emerged in the recent literature on racial microaggressions, some of the items read too hypothetical and indirect. It is known that there is variation in the presentation of the racial microaggressions for every individual, and being able to assess each event ever experienced by an African American is a vast task in and of its self. However, the psychometric efforts of these researchers have all based



their scales on the seminal work of Sue et al and original taxonomy (2007) in hopes that these measures will help to provide a platform from which African Americans can report on their experiences.

The reactions to microaggressive stressors are theorized to be similar to those that have been discussed in this section for stress as a general concept: physiological reactions of increased heart rate and blood pressure, emotional reactions of anxiety and anger, cognitive appraisal of the meaning and underlying messages in the interaction, and behavioral reactions posited in emotion-focused and problem-focused coping (Sue, 2010). However because of its subtle nature, microaggressive stressors are often presumed to be benign incidents and the impact of these events on African Americans specifically, and People of Color in general, are often minimized. This stance contradicts the findings of qualitative studies that were conducted with African Americans (Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008) While much more research is needed in this area, evidence is growing to challenge the assumption that racial microaggressions are not harmful to its targets. Specifically, recent findings from research on African Americans reveal that racial microaggressions indeed have a negative impact on psychological well-being. For instance, one study using a mixed method approach examined how three emerging “race-related barriers”- assumptions of criminality/second-class citizen, underestimation of personal ability, and cultural/racial isolation- affect the psychological well-being of African Americans who are doctoral students or graduates of doctoral programs (Torres et al, 2010). The researchers found that the three race-related barriers or microaggressions were positively correlated with perceived stress, which was associated with greater depressive symptomology. However, these findings cannot be generalized to the larger population of African Americans who consist of differing levels of educational matriculation.

No study to date has investigated the emotional consequences of racial microinsults and microinvalidations for African Americans; however one study with Asian Americans, also a marginalized racial group, found strong evidence that racial microaggressive stress may affect other People of Color as well. The authors presented Asian American participants with 12 brief potential racial microaggression incidents, and the participants were asked to indicate the likelihood that the experience was due to their race and to rate their emotional intensity pertaining to the incident (Wang, Leu, & Shoda, 2011). This study revealed that race-related microaggressive stressors are emotionally hurtful and detrimental to the emotional well-being of most Asian Americans who experience these events. When the study was replicated to include White Americans, there was a stronger association between the race-relevance of the situation and negative emotional intensity among Asian Americans than White Americans. Furthermore, the authors state that even though both Asian Americans and White Americans experiences similar types of negative emotions to these incidents, their appraisal of the events were different wherein White Americans appraised the incidents as being due to things such as their height or weight and not their race. Another study investigated how racial microaggressions affect the daily well-being of Asian Americans (Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013). In this study, Asian Americans experienced more negative affect (e.g., anger or sadness), less positive affect (e.g., happy or proud) increased somatic symptoms on days when they experienced more racial microaggressions. Also, microinvalidations represented more bothersome race-related stressors than microinsults in this study.

There has also been an emergence of literature on the concept of race-based traumatic stress. Carter (2006; 2007) defines race-based traumatic stress as those reactions to racially stressful situations (i.e., racial discrimination or harassment) and experiences that elicit

symptoms of trauma such as intrusion, avoidance, and arousal that allow for many facets of expression (e.g., cognitive, emotional, psychological, and/or behavioral). These traumatic stress symptoms are similar to the emotion-focused coping strategies described in other literature (Lazarus & Folkman, 1984; Plummer & Slane, 1996; Matheny & McCarthy, 2000). The racist stressor can be presented in isolated (i.e., a one time incident), subtle (e.g., microaggression or modern racism), and in more pervasive forms (e.g., cultural and institutional racisms). It is suggested that racism is a legitimate experience to be included in the trauma literature on the basis that a racially charged situation has elicited a reaction with symptoms of traumatic stress, which has an adverse impact on the psychological and emotional functioning to the victim (Carter, 2006; 2007). The implications for this research are astronomical given that People of Color perceive racial microaggressions as a daily-lived experience, and such reactions overtime would suggest detrimental health consequences for those who are subject to race-based traumatic stress injuries.

### **Coping with Racial Microaggressive Stress**

The implication of these responses to stressors can have an adverse effect in an individual's daily functioning in the workplace, school, community, and interpersonal relationships. Physiological reactivity to stressors is how our body's organ systems contribute to the stress response and include dilated pupils, breathing that is deeper than normal, muscles tense, increased heart rate and blood circulation, and increased blood sugar levels (Matheny & McCarthy, 2000). There are numerous studies in psychology and other areas of scientific study that examine physiological reactivity to stressful situations (Smith et al, 2009; Mendelson et al, 2008; Stewart et al, 2006; Clark et al, 1999; Kelsey, 1993) as well as the long-term impact on one's health which includes increased susceptibility to cardiovascular disease. Stress also has an

adverse effect on one's cognitive abilities (i.e., memory, attention and concentration), emotional stability (e.g., anger, fear, anxiety, depression), and behavioral reactions (e.g., sleep deprivation) (Matheny & McCarthy, 2000). Thus, it is imperative to gain an understanding of which coping resources or coping strategies effectively alleviate stress elicited by race-related events. The two prominent forms of coping are emotion-focused and problem-focused coping (Lazarus & Folkman, 1984).

**Emotion-Focused Coping.** Emotion-focused coping is aimed at regulating the emotional response to the stressful situation, and incorporates cognitive processes to minimize emotional distress. Strategies categorized as emotion-focused include avoidance, minimizing the impact or significance of the stressful event, cognitive distancing from the environment and corresponding reaction, reframing to change the meaning of the situation, suppression of distressful thoughts, and self-disclosure (Lazarus and Folkman, 1984; Matheny and McCarthy, 2000). There is research that suggests a relationship between emotion-focused coping and the degree of traumatic symptoms experienced reported by an individual. Specifically, the studies reveal that individuals who utilize emotion-focused avoidance coping are more likely to report symptoms of trauma following exposure to a stressful situation (LeBlanc et al, 2008; Schnider, Elhai, and Gray, 2007).

**Problem-Focused Coping.** Conversely, problem-focused strategies tend to be more intentional in its utilization by the individual. Problem-focused coping is exhibiting when taking steps to define the problem, generate solutions, weighting the costs and benefits for each solution, and taking action to employ the best strategy (Lazarus and Folkman, 1984). While there is some circulating belief that problem-focused coping is the most beneficial for overall well-being (Matheny, et al, 2000), in theory, the most appropriate coping style is dependent on the

individual's cultural values and beliefs, the hospitality of the environmental conditions, and the intensity of the threat (Lazarus et al, 1984).

**Social Support.** There are several studies that have investigated how People of Color cope with stress that is triggered by interactions that insult them because of their racial group membership. A preferred coping method sought by African Americans is their social support network. Social support refers to a network of family, friends, and other degrees of confidants, which serve to provide a sense of comfort, security, belonging, self-worth and validation for an individual (Harrell, 2000). One study found social support to moderate the relationship between race-related stress and quality of life (Utsey, Lanier, Williams, Bolden & Lee, 2006). African Americans demonstrating high cognitive ability tend to report a better quality of life when they perceive their social support to be high when faced with cultural and individual race-related stress. Social support (e.g., socio-familial resources) also serves to be a suppressing agent for African Americans encountering race-related stress (Utsey, Giesbrecht, Hook & Stanard, 2008). Specifically, research shows that Black men, participating in support groups for living in an oppressive society, found this social support to be beneficial on both an intrapersonal and interpersonal level (Elligan & Utsey, 1999). However, a study by Utsey, Ponterotto, Reynolds, and Cancelli (2000) found that there was a significant difference between African American men and women wherein women tend to seek social support more than men.

Furthermore, it has been found that negative relationships with others lead to interpersonal aggression and substance use with African Americans (as cited in Jang & Lyons, 2006; Jang & Johnson, 2003). The researchers purport that when experiencing strain (i.e., a negative interaction like racism) African Americans with a seemingly external locus of control are more prone to displaying outer-directed negative emotions (e.g., interpersonal aggression),

and those with a seemingly internal locus of control are more likely to engage in inner-directed deviant behavior (e.g., use an illicit or controlled substance to cope). In a follow-up study to test their hypotheses, the researchers concluded that perceived social support acted as a significant buffer for African Americans, and served to prevent the participants from engaging in withdrawing behavior that often resulted from experiencing negative affect (Jang & Lyons, 2006).

In addition to seeking social support, research suggests that African Americans tend to utilize more emotion-focused than problem-focused coping strategies when they encounter race-related stress (Plummer & Slane, 1996). African Americans using problem-focused coping strategies appear to endorse more planful problem solving (e.g., conscious efforts to change the situation and actively cope) and confronting coping methods. Engaging in emotion-focused is seen as a more passive means of coping with racially stressful situations and involved cognitive distancing from the situation, emotional and behavioral escape-avoidance, positive reappraisal of the situation (i.e., focus on personal or religious meaning), and controlling one's feelings or actions (i.e., self-controlling). Of these options, African Americans relied on positive reappraisal and self-controlling at a higher frequency than other options for emotion-focused coping strategies. These findings hint to the intricate efforts made by African Americans to cope with the stunning and perplexed nature of stressful interactions riddled with racist connotations.

Similar to Lazarus and Folkman's (1984) renowned work and model of general stress, there are emotional, cognitive and behavioral symptoms of race-related stress as well. Research has found that African American males respond with greater negative affect (depressed mood, anger, annoyance) when they encounter ambiguous racism (i.e., aversive racism) than with blatant racism (Bennett et al, 2004; Merritt et al, 2006). It is believe that while overt racism may

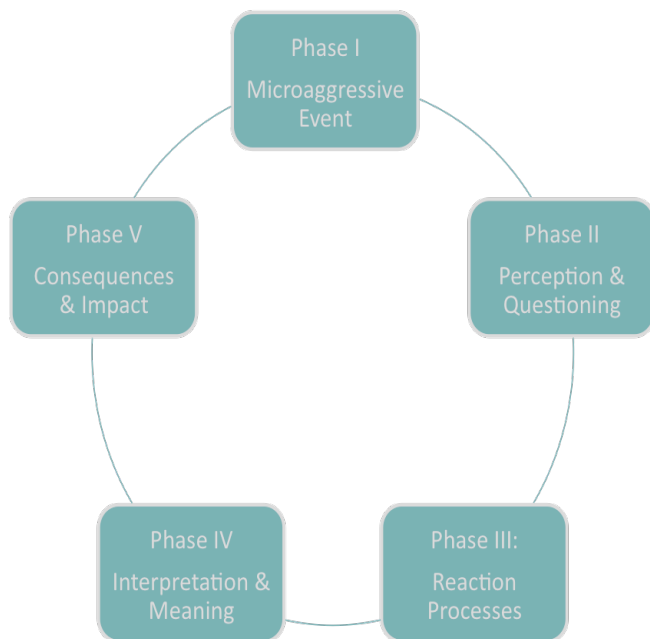
be perceived as more offensive during initial encounters, its blatant presentation makes it easier to decode and understand. On the other hand, ambiguous presentations of racism may have more of an adverse impact on cognitive and affective processes. Similar to men, African American women exhibited significant physiological reactivity (i.e., heart rate and blood pressure) when presented racially charged confrontations that were blatant or ambiguous (Jones et al, 1996). However, an increased immediate negative mood response was observed during the blatantly racist stimuli only for African American women. The authors state that there is a cognitive process of interpreting the event that takes place in both blatant and covert racially tinged interactions. However, the interpretation process may take longer in exchanges that involve covert racism because the evidence is not as incontestable.

Only one study could be found that looks at how People of Color respond to racial microaggressions. Hernandez, Carranza, and Almeida (2010) have explored how mental health professionals of African, Asian, and Latin American descent in the United States and Canada adaptively respond to racial microaggressions while carrying out their professional obligations. The coping responses revealed in this study include: identifying key issues such as their personal reactions and a consideration of the involved parties (e.g., responsibilities as a professor or clinician) when deciding how to respond to racial microaggressions; confronting the aggressor; self-care; seeking support from White Allies; spirituality; documenting the incidents; mentoring others; and organizing public responses to the racial microaggressions. The authors state that many participants spoke to how their adaptive responses have evolved over time and are informed by “experiencing a lifetime of racism.” This study is an insightful contribution to the growing literature to understand the phenomenon of racial microaggressions, and how People of Color in general cope with the stress that is brought on by these incidents. However, the

researchers extracted the coping themes from a qualitative analysis, and a quantitative instrument that assesses the coping strategies that are used to manage reactions to racial microaggressions would confirm these findings.

Given the recent development of Sue et al's taxonomy on microaggressions, the initial research on racial microaggression utilized qualitative methods, primarily, to better understand the phenomenon and how African Americans experience it. Research on racial microaggressions shows that African Americans engage in a complex process of forming perceptions and making sense of their experiences (Sue, Capodilupo, and Holder, 2008; Sue, 2010). The Process Model developed by Sue (2010) is shown in Figure 4.

Figure 4: The Microaggressions Process Model (Sue, 2010)



The process begins with the occurrence of a racial microaggression. The incident is followed by the African American forming a perception, which then leads to cognitive, emotional, or behavioral reactions to the incident. It is theorized that then the person determines



if the incident was racially motivated which involves decoding the implicit or underlying message that is communicated in the interaction (e.g., criminality, pathologizing cultural values/communication styles) and questioning the accuracy of their perception. Following this phase of the psychological process, the target must then decide what action to take and weigh the consequences for the possible actions. For instance, choosing a direct method to react to the interaction may result in fulfilling negative stereotypes about their racial or ethnic group (e.g., “the angry/hostile black man or woman”). Conversely, choosing not to react to the situation may render feelings of powerlessness for targets of microaggressive incidents. In addition to the psychological process, Sue, Capodilupo, and Holder (2008) found that African Americans experience a great deal of harm as a consequence of these acts of unconscious racism which have both short-term and long-term implications. The distressing nature of these experiences can have an impact that persists from a few days to a few years after the incident (Sue, Nadal et al, 2008; Constantine & Sue, 2007). The initial research has been important to the developing knowledge on the impact of racial microaggressions in the lived experience of African Americans (Sue, Capodilupo, and Holder, 2008; Sue, Nadal et al 2008; Constantine & Sue, 2007). However, much remains to be understood about the psychological and physiological impact on African Americans and the coping strategies that are used in the face of microaggressive stress.

**Summary and Hypotheses of the Current Study.** Numerous studies exist on the psychological and physiological costs of racism as an overt expression. What is less known about racial microaggressive stress is how it impacts the psychological and physical well-being of African Americans. Furthermore, no research can be found that explores how coping strategies moderate the effects of microaggressive stressors on African American men and women’s psychological and physical well-being.

The published work, to date, on microaggressions has successfully provided a rare window into the lives of African Americans and their everyday experiences of racial microaggressions, and the authors continue to implore their colleagues to further investigate the effects of these microaggressive stressors (Sue, Capodilupo et al, 2007; Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Sue, 2010). The present study aimed to understand what strategies are used by African Americans to cope with racial microaggressions and investigated the psychological and physical well-being of the daily occurrence of subtle unfair treatment.

**Research Questions** Based on the above research focus, the following hypotheses were tested in this study.

Research Question 1: Is there a significant difference in the type of racial microaggressions that are experienced by African Americans?

Hypothesis: There is a significant difference in the means between the six themes: assumption of inferiority, second-class citizen and assumptions of criminality, microinvalidations, exoticization and assumptions of similarity, environmental microaggressions, and workplace and school microaggressions ( $M1 \neq M2 \neq M3 \neq M4 \neq M5 \neq M6$ ).

Question 2: How does racial microaggressive stress affect physical well-being? Is the relationship between racial microaggressions and physical health better accounted for by coping as a moderator?

Hypothesis 2a: African Americans who report more instances of microaggressions will have lower physical health outcomes than those who report lesser or no microaggression experiences.

Hypothesis 2b: Coping will significantly buffer the effects of racial microaggressions on physical health.

Question 3: How do racial microaggressive stressors affect psychological well-being? How is the relationship between racial microaggressive stress and psychological well-being moderated by coping styles?

Hypothesis 3a: There will be a significant correlation between experiences of racial microaggressions and psychological well-being. African Americans reporting more instances of microaggressions will have lower psychological well-being than those who report lesser or no experiences of microaggressions.

Hypothesis 3b: Coping will significantly buffer the effects of racial microaggressions on mental health.

## Chapter III

### Methods

#### Participants

A power analysis was performed using the G\*power computer program (Erdfelder, Faul, & Buchner, 1996) and indicated that a minimum sample size of 222 participants will need to be recruited for this study (effect size is .15 for multiple regression analyses; power level = .95). A total of 449 individuals signed on to complete the on-line survey; however the final sample consisted of 268 participants. Respondents were deleted in the case of incomplete surveys; individuals who did not consent to participation; individuals who did not meet eligibility requirements of race/ethnicity and minimum age; and/or individuals who entered contrived responses. This was discussed further in the Deleted Case section in Chapter 4 and the section on Implications for Research in Chapter 5.

Of the 268 participants all identified as Black and/or African American. Within this group 3% identified as Black/Afro-Latino, 3.7% identified as Multiracial or of mixed ethnic heritage, 4.5% identified as African descent/American (e.g., Ghanaian), and 10.8% identified as Caribbean descent/American. This sample consisted of 75.4% females and 24.6% of males ranging in age from 18 to 67 with the average being 36.1 years of age. Two participants did not report their location in the U.S. Of the participants who reported their location within the U.S., 44% are in the Northeast, 36.5% are in the South, 12.8% are in the Midwest, 6% are from the West, and less than 1% are in the Pacific region of the U.S.

Two hundred twenty-two participants (82.8%) identified as heterosexual/straight/other-gender-loving, 31 participants (11.6%) identify as same-gender-loving/LGBQP/homosexual, and 15 participants (5.6%) did not specify a sexual orientation. For relationship status, 55.6% were

single, 29.1% were married, and 8.9% were separated or divorced. Participants who endorsed “Other” as a relationship status (6.7%) indicate they are cohabitating, in domestic partnership, engaged, in a relationship, partnered, or widowed.

Educational attainment was reported as Masters 45.5%, Doctorate or Professional 22.8%, Two- or Four-Year College 28%, and 3.4% High School education or less. Two hundred twenty participants reported being employed full-time (60.4%) or part-time (21.6%), 41 are unemployed, and seven are retired. For household income 29.2% of participants reported \$29,999 or less; 26.2% report \$30,000-59,000; 14.4% participants reported \$60,000-74,999; and 30.2% reported an income of 75,000 or more. Please see Table 4 for a summary of the demographic characteristics.

Table 4  
*Summary of Self-Reported Demographic Information (N=268)*

Categorical Demographic Variable	Frequency	Percent
<b>Race and Ethnicity</b>		
Black and/or African American	268	100%
Hispanic or Latino	8	2.99%
Multiracial or Multiethnic	10	3.73%
African	12	4.48%
Caribbean/West Indian	29	10.82%
<b>Gender</b>		
Female/Woman	202	75.4%
Male	66	24.6%
<b>Sexual Orientation</b>		
Bisexual	8	3%
Gay	12	4.5%
Heterosexual/Straight	222	82.8%
Homosexual	1	.4%
Lesbian	5	1.9%
Pansexual	1	.4%
Queer	3	1%
Same-Gender Loving	1	.4%
Did not specify	15	5.6%
<b>Education</b>		

Less than high school	1	.4%
High School	8	3%
2-Year College	10	3.7%
4-Year University	65	24.3%
Masters Degree	122	45.5%
Doctoral Degree	46	17.2%
Professional Degree	15	5.6%
Did not specify	1	.4%
<b>Household SES</b>		
Less than \$15,000	34	12.7%
\$15,000-29,999	43	16%
\$30,000-44,999	26	9.7%
\$45,000-59,999	43	16%
\$60,000-74,999	38	14.2%
\$75,000-99,999	26	9.7%
More than \$100,000	53	19.8%
Did not specify	5	1.9%

## Measures

**Demographics Form.** The participants for the present study were given a demographic questionnaire to collect basic background information such as the participants' age, race, ethnicity, gender, sexual orientation, marital status, educational level, employment status, household income, and regional location within the U.S. (U.S. Census Bureau, 2011). Responses were open-ended for race, ethnicity, age, gender, and sexual orientation.

**The Racial and Ethnic Microaggressions Scale (REMS).** The Racial and Ethnic Microaggressions Scale is a 45-item measurement developed to assess the frequency at which everyday subtle racial discrimination is encountered by People of Color over a six-month period (Nadal, 2011). The REMS uses a two-point scale where 0= "I did not experience this event" and 1= "I experienced this event at least once in the past six months." The Racial and Ethnic Microaggressions Scale yields a total scale and has six subscales as well. The six subscales are Assumption of Inferiority, Second-Class Citizen and Assumptions of Criminality,

Microinvalidations, Exoticization and Assumptions of Similarity, Environmental Microaggressions, and Workplace and School Microaggressions (see Table 2).

The Assumptions of Inferiority subscale consists of eight items, and includes events such as “Someone assumed I would have a lower education because of my race.” The subscale Second-Class Citizen and Assumptions of Criminality has seven items and includes experiences of being overlooked when receiving service or subtle acts like someone clenching their purse or checking for their wallet which convey messages about respondents potential to commit criminal behavior. There are nine items that make up the Microinvalidations subscale and some events include the respondent being told he/she “complains about race too much” and “People of Color do not experience racism anymore.” The Exocitization and Assumptions of Similarity subscale consists of nine items and measures instances of being treated as an “other” and communication that hints one’s racial/cultural group is monolithic. Items in the Environmental Microaggressions subscale measure how respondents perceive the environment around them (e.g., seeing positive public images of one’s race). The seven items of the Environmental Microaggressions subscale are reverse coded because the items are worded to measure positive reflections of race in positions of influence. The last subscale, Workplace and School Microaggressions, consists of five items that pertain to the racial microaggressive events that tend to occur in occupational and academic settings.

Table 2	
<i>Racial and Ethnic Microaggressions Scale (REMS) Subscales</i>	
<b>Subscale</b>	<b>Sample Items</b>
Assumption of Inferiority	“Someone assumed that I would not be educated because of my race.”
Second-Class Citizen and	“Someone avoided walking near me on the street because of my race.”

Assumptions of Criminality	
Microinvalidations	“Someone told me that she or he was colorblind.”
Exoticization and Assumptions of Similarity	“Someone objectified one of my physical features because of my race.”
Environmental Microaggressions	“I observed people of my race in prominent positions at my workplace or school.”
Workplace and School Microaggressions	“My opinion was overlooked in a group discussion because of my race.”

The Racial and Ethnic Microaggressions Scale validity was established on positive correlations with two well-known scales in the field of racial discrimination- the Racism and Life Experiences-Self Administration Version (RaLES-B; Utsey, 1998) and the Daily Life Experiences-Frequency scale (DLE-F; Harrell, 2000). THE REMS was deemed an acceptable measure of racial microaggressions and has an internal consistency reliability alpha of .882 (Nadal, 2011). The six subscales yielded a coefficient alpha that is relatively strong (i.e., greater than .70): Assumptions of Inferiority ( $\alpha = .86$ ), Second-Class Citizen and Assumptions of Criminality ( $\alpha = .82$ ), Microinvalidations ( $\alpha = .79$ ), Exocitization and Assumptions of Similarity ( $\alpha = .71$ ), Environmental Microaggressions ( $\alpha = .76$ ), and Workplace and School Microaggressions ( $\alpha = .74$ ). The REMS is also a reliable measure for use across four major racial groups (i.e., Asian, Black, Latino/a, Multiracial), and the coefficient alpha for Blacks was very high across all six subscales and ranges from .85 to .93, suggesting it is an appropriate measure for use in the present study with the members of the Black/African American population (Nadal, 2011).

For the 268 Black/African American participants, the six subscales yielded relatively strong alpha coefficients: Assumptions of Inferiority ( $\alpha = .84$ ), Second-Class Citizen and Assumptions of Criminality ( $\alpha = .77$ ), Microinvalidations ( $\alpha = .84$ ), Exocitization and



Assumptions of Similarity ( $\alpha = .70$ ), Environmental Microaggressions ( $\alpha = .69$ ), and Workplace and School Microaggressions ( $\alpha = .78$ ). There was high internal consistency for the Total Scale ( $\alpha = .90$ ) as well.

**Racism-Related Coping Scale (RRCS).** The Racism-Related Coping scale is a self-administered instrument developed to assess the coping strategies utilized by African Americans to cope with encounters with racism (Forsyth & Carter, unpublished manuscript). The RRCS consists of 59 items that are measured on a 4-point Likert scale of 0 to 3: 0 = did not use/does not use, 1 = used a little, 2 = used a lot, 3 = used a great deal. The measure asks people to rate how often they used each strategy to deal with racism in general. For the present study, the prompt will be adjusted slightly and participants will be asked to indicate how they deal with situations where they encounter subtle racial discrimination to capture the experiences that are the focus of the study and to use a language more accessible to varying familiarity with the concept of racial microaggressions.

The instrument has eight scales: Racially Conscious Action (RAC), Empowered Action (EMP), Constrained Resistance (RES), Confrontation (CON), Hypervigilance (HYP), Bargaining (BRG), Spiritual Coping (SPR), and Anger Regulation (ANG). These subscales are shown in Table 3. These eight domains emerged as a result of a melding of themes from a review of the literature on coping with racism, and open-ended responses from an online study investigating coping reactions and behaviors in response to racism. As a coping strategy, Racially Conscious Action reflects actions aimed at enhancing connectedness with one's racial-cultural group membership (e.g., learning about history of racial-cultural group, and participating in collective action against racism). The Empowered Action domain describes an "institutionally focused problem-solving approach that does not involve direct confrontation of the people involved in

the situation.” It involves going through formal channels to address the situation and hold the involved parties accountable for their actions (Forsyth & Carter, unpublished manuscript). The Constrained Resistance subscale involves a complex set of behaviors that include both passive (e.g., muting one’s emotional and psychological reactions) and active (e.g., using her or his emotional reaction to demonstrate strength or power) responses to cope with encounters with racism. The scale developer notes that some of the active coping strategies of this domain may reinforce negative stereotypes of the “Angry Black person.” Endorsement of the strategy of Confrontation is when the African American engages in direct communication with the perpetrator in the situation, which includes expressing anger and attempts to defend oneself or resolve the issue. Another domain discovered for the Racism-Related Coping Scale is the Hypervigilant coping strategy. This scale will assess increased awareness and caution when interacting with people who are not Black and avoidance of potential future racially evocative encounters (e.g., isolation from people who are not Black and being silent). The Bargaining strategies capture cognitive process of making sense of the interaction that seem to be indicative of some level of denial or self-blame about the psychological effects of the experience. Coping strategies such as soliciting support through religious institutions and practices (e.g., meditation) make up the domain of Spiritual coping. Finally, in the development of the RRCS the Anger Regulation domain emerged and consists of approaches that use fantasy and humor to moderate feelings of anger when coping with incidents of racism (Forsyth & Carter, unpublished manuscript). The Cronbach’s alpha coefficients for each scale range from .70 to .90 indicating adequate reliability.

Table 3	
<i>Racism-Related Coping Scale (RRCS) Subscales</i>	
<b>Subscale</b>	<b>Description</b>

Racially Conscious Action	Actions aimed at enhancing connectedness with one's racial-cultural group membership
Empowered Action	An institutionally focused problem-solving approach that does not involve direct confrontation of the people involved in the situation.
Constrained Resistance	Behaviors that include both passive and active responses to cope with encounters with racism
Confrontation	Direct communication with the perpetrator in the situation, which includes expressing anger and attempts to defend oneself or resolve the issue
Hypervigilance	Increased awareness and caution when interacting with people who are not Black and avoidance of potential future racially evocative encounters
Bargaining	Cognitive process of making sense of the interaction that seem to be indicative of some level of denial or self-blame about the psychological effects of the experience
Spiritual Coping	Soliciting support through religious institutions and practices
Anger Regulation	Approaches that use fantasy and humor to moderate feelings of anger when coping with incidents of racism

The Racism-Related Coping Scale is a new addition to the field of coping. The RRCS item development was formulated with a sample of 113 Black participants and the exploratory factor analysis sample consisted of 307 Black respondents residing in the U.S. who represent an array of demographics (e.g., diversity in ethnic group, age, and social class representation), which suggests it is an appropriate measure for capturing the coping strategies of the vast subset of multiplicity within this racial group living in the U.S. Validity was established by correlational analysis with the Africultural Coping Systems Inventory (ACSI; Utsey, Adams, & Bolden, 2000) and the Racial Identity Attitudes Scale (RIAS; Helms & Parham, 1996), and a hierarchical regression analysis of the relationship of the RRCS domains and the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) and the psychological well-being index of the Mental Health Inventory (MHI; Viet & Ware, 1983). The correlational analysis revealed the RRCS has

clear convergent validity with the ACSI, a well-established instrument of culture-specific coping strategies used by African Americans, and the analysis yielded Pearson's correlations between .17 and .86 ( $p < .01$ ). For the analysis with the RIAS, the RRCS scales that significantly correlated with the Pre-Encounter status were Constrained Resistance ( $r = .20$ ), Bargaining ( $r = .13$ ), and Anger Regulation ( $r = .18$ ). All the RRCS scales, except Empowered Action and Bargaining, correlated with the Encounter status with ranging from .13 to .37 ( $r_s = .13 - .37$ ;  $ps = .01$ ). All the RRCS scales except Bargaining and Hypervigilance significantly correlated with the Immersion status attitudes ( $r_s = .17 - .43$ ;  $ps = .01$ ). Lastly, the Constrained Resistance scale is the only one that correlated with the Internalization attitudes, and it was a negative correlation ( $r = .02$ ).

The developers also conducted a regression analysis on the effects of the Racism-Related Coping Scale on mental well-being (Forsyth & Carter, unpublished manuscript). This analysis revealed active coping strategies like Empowered Action were associated with lower psychological symptoms. In addition there is evidence that Black racial consciousness exhibited by engaging in self-reinforcement against racism/anti-Black forces, similar to the items of the Racially Conscious Action subscale of the RRCS, is associated with higher self-esteem (Pierre & Mahalik, 2005). Whereas, scale developers found that more passive or avoidant approaches (i.e., Hypervigilance, Bargaining, Anger Regulation, and Constrained Resistance) were connected to psychological distress. The Spirituality scale, alone, significantly led to increased well-being (Forsyth & Carter, unpublished manuscript). It is unknown how the Confrontation subscale stacks up with regards to psychological well-being, and there no studies published to date have investigated the RRCS and its association to physical health.

The RRCS was created to assess coping strategies for handling racial discrimination in general and it is unknown the effectiveness of the eight subscale structure for measuring coping strategies to handle subtler incidents of discrimination like racial microaggressions. Thus, a Total Score was calculated and used to measure coping in this study, and produced high internal consistency reliability ( $\alpha = .936$ ).

**Mental Health Inventory (MHI-18).** The MHI-18 is a shortened-version of the MHI-38 that was developed by Viet & Ware (1983) to assess psychological symptoms and well-being in the general population. Unlike the original version, the MHI-18 does not include the physiologic symptoms that may be associated with psychological distress due to conflicting views around the appropriateness of including such symptoms (Weinstein, Berwick, Goldman, Murphy, & Barsky, 1989; Berwick et al, 1991; Consortium of Multiple Sclerosis Centers Health Services Research Subcommittee, 1997). However, the somatization will be captured in the next instrument.

The MHI-18 is a self-administered 18-item instrument and consists of five subscales: Anxiety (4 items), Depression (4 items), Loss of Behavioral/Emotional Control (4 items), Positive Affect (5 items), and Interpersonal Ties (1 item). Respondents are to reflect on how they have been feeling over the past four weeks, and rate each question on a 6-point Likert Scale where 1 = “All of the time” and 6 = “None of the time.” The scores range from 18 to 108- higher scores corresponding to better mental health- and the total Mental Health score is determined by adding up the answer for all 18 items.

One study comparing the screening capabilities of the MHI-18 to the General Health Questionnaire (GHQ) and the Somatic Symptom Inventory (SSI) demonstrates that the MHI-18 outperforms and has a statistically significant advantage over the GHQ and SSI in detecting psychological disorders and affective disorders commonly associated with the GHQ such as

major depressive disorder and bipolar disorder (Weinstein, Berwick, Goldman, Murphy, & Barsky, 1989). In addition, the MHI-18 was also deemed a more superior tool than the shorter 5-item version of the Mental Health Inventory in detecting a range of affective disorders (Berwick et al, 1991). The scale was found to be highly correlated with the original 38-item measure, and one study with an African American population yielded an alpha coefficient of .87 for the total score (The Consortium of Multiple Sclerosis Centers Health Services Research Subcommittee, 1997; Whittaker & Neville, 2009).

A reliability analysis of the MHI with the current sample yielded the following alpha coefficients for the four subscales: Anxiety ( $\alpha = .84$ ), Depression ( $\alpha = .88$ ), Behavioral ( $\alpha = .68$ ), and Positive Affect ( $\alpha = .81$ ). The reliability for the Behavioral subscale was not strong enough to run separately as any Cronbach's alpha of less than .70 is considered too weak (Helms, Henze, Sass & Mifsud, 2006). A total MHI mean scale was calculated and high internal consistency reliability ( $\alpha = .91$ ) was found for the present study.

**The Physical Health Questionnaire (PHQ).** The Physical Health Questionnaire (PHQ) is a brief, 14-item measure of somatic symptoms (Schat, Kelloway, & Desmarais, 2005). Respondents are to think about how they have been feeling physically over a specified time frame, which is open to the researcher's discretion. Eleven items are rated on a scale of 1 (Not at all) to 7 (All of the time). Two items assess how many *times* the constituent experienced a symptom (0 times to 7+ times), and one item asks how many *days* a certain symptom lasted (1 day to 7+days).

The PHQ is made up four scales: Sleep Disturbance, Headaches, Gastrointestinal Problems, and Respiratory Infections. The Sleep Disturbance scale consists of four items that assess the respondent's quality of sleep over a specified time period. There are three items on the

Headaches scale, and includes items like “How often did you get a headache when there was a lot of pressure on you to get things done?” The Gastrointestinal Problems consists of four items and measures the frequency at which a person has experienced an upset stomach and other digestive issues. Finally, the scale of Respiratory Infections assessed how many times or for how many days did a person experience a cold, flu, or sinus-like symptoms. The four scales demonstrated relatively high reliability across two samples with Cronbach’s alpha greater than .70.

For the 268 Black/African Americans, the Cronbach’s alpha of the Sleep Disturbance, Headaches, Gastrointestinal Problems, and Respiratory Infections scales ranged from .47 to .88. An alpha coefficient less than .70 is too weak to demonstrate reliability for analysis. A Total PHQ (Physical Health Questionnaire) mean score was calculated and tested for reliability and it yielded a relatively strong alpha coefficient ( $\alpha = .81$ ).

## **Procedures**

Approval to conduct the study was gained from the Teachers College, Columbia University Institutional Review Board (IRB). After IRB approval, an on-line survey of the research study was created using the secure survey software Qualtrics.com, which is provided by the investigator’s educational institution. Initial solicitation for the study took place utilizing the snowballing technique to distribute the web link to the on-line survey to colleagues, friends, and family who were all asked to share the survey with associates who meet eligibility criteria. The principal investigator was notified by a Good Samaritan that the initial web-link to the survey was intercepted by a White Supremacy website whose members entered contrived and racist responses in an attempt to sabotage the study. The original survey was closed after being up for three days, which prevented many respondents from completing the survey. Following this

incident, steps were taken to guard against further cyber attacks by creating several different links to the survey, creating a Google Alert for each link and the PI's name, tracking where the links were posted, and redistributing the link to academic departments, friends and family, and African American graduate and PhD groups on a social networking site, student organizations, and alumni groups. This was an unexpected obstacle to the recruitment of eligible participants, and this issue was discussed more in the section on Implications for Research in Chapter 5.

Participant received an invitational letter to complete a brief, secure online survey about how Black/African Americans handle instances of subtle discrimination in social encounters. Participants were asked to complete the informed consent that outlines the purpose of the study, potential risks and benefits of the study, approximate time to complete the survey, as well as contact information of the researchers and IRB. Participation in the study was voluntary and constituents were allowed to quit at any time during the survey. Respondents were given an opportunity to enter their email address for a raffle to receive one of two \$25 gift cards for their participation. Once informed consent is obtained, respondents were given the option to decline or agree to participation before they can continue to the survey. Participants who declined to participate in the study are directed to the end of the study. Those who agree to participate are then directed to the demographics questionnaire.

To control for the sampling bias of order effect, the sequencing of the REMS, RRCS, MHI-18, and PHQ was randomized using the Qualtrics software. The researcher set up instrument randomization for these primary measures by establishing three instrument blocks. In one block, the Racial and Ethnic Microaggression Scale were paired the Racism-Related Coping Scale wherein the sequence placed the REMS before the RRCS. A second block included the Physical Health Questionnaire and the third block was setup for the Mental Health Inventory



(MHI-18). Once the participant completes the demographics questionnaire, the participant will be randomly presented with block one, block two, or block three to control order effect.

The participants were completed the Racial and Ethnic Microaggression Scale (REMS), and indicated whether she or he encountered an incident over the past six months. Then the participants were presented with the Racism-Related Coping Scale (RRCS), and asked to indicate the extent to which they engaged each reaction when coping with subtle racial discrimination. Psychological well-being was assessed through administration of the Mental Health Inventory (MHI-18) which asked respondents to indicate to what extent they have experienced symptoms like depression, positive affect, or anxiety. Participants completed the Physical Health Questionnaire (PHQ) as well. For the PHQ, constituents indicated how often they experienced somatic symptoms such as sleep disturbance or headaches over the year.

The survey was piloted with two African American women who volunteered to take the survey for estimation of completion. One respondent reported completing the survey in 15 minutes and the other reported it took 10 minutes to complete. Thus, it was estimated that it would take 10-15 minutes to complete the survey. At the end of the study, the participants were be asked to provide their email address if they would like to be entered for the gift card raffle. Lastly, constituents were given the opportunity to provide comments on the study, and thanked for their participation at the end of the survey.

### **Data Analysis Plan**

All data analyses were conducted using SPSS. A preliminary data analysis was performed by running a descriptive statistical analysis of the demographics, Racial and Ethnic Microaggression Scale, Racism-Related Coping Scale, Mental Health Inventory, and Physical Health Questionnaire. This analysis examined means, standard deviations, and base-level data

exploration (Fields, 2009). The properties of the REMS, RRCS, MHI, and PHQ were examined by obtaining the Cronbach alpha coefficient for each scale. It is considered good practice to analyze and report reliability of scales used with the current study sample as opposed to relying on the inductive reliability reported in the instrument manuscript (Helms, Henze, Sass, & Mifsud, 2006). The skew and kurtosis of the sample were examined as well to assess for normality. Then One-way ANOVA was performed for the six subscales of the REMS to explore significant mean difference between the variables. Finally, a multiple regression analysis was ran to investigate the relationship between the predictor variable, moderator variable, and outcome variables.

## Chapter IV

### Results

**Deleted cases.** Prior to running statistical analysis, 181 cases were deleted. One hundred forty were deleted because they did not complete the survey (i.e., the constituent quit the study at some midway point). Two participants visited the survey but did not consent to participate in the study. An additional 27 participants were deleted because they did not meet eligibility based on race and/or ethnicity, age, or entered contrived data suggesting he or she is not the intended audience for this study. Twelve participants did not provide answers to one or more subscales and were deleted from the data set also. An analysis of the demographic variables (Table 18) revealed a significant mean difference in demographics of age ( $F= (1, 5.59), p= .01$ ), education ( $F= (1, 16.86), p= .00$ ), gender ( $F= (1, 4.10), p= .04$ ), and sexual orientation ( $F= (1, 5.31), p= .02$ ) between those who completed the survey and those who did not complete the survey. Specifically, a higher average age and average level of education attainment was found for participants who completed the survey than for participants with incomplete surveys.

Table 17  
*Multivariate Analysis of Demographic Variables for Complete and Incomplete Responses*

Demographic Variable	Finished	M	SD	df	F	Sig F
Age <sup>a</sup>	Incomplete	33.15	9.55	1	5.59	.01
	Complete	36.14	11.70			
Marital Status <sup>b</sup>	Incomplete	1.77	1.20	1	0.29	.59
	Complete	1.84	1.20			
Education <sup>c</sup>	Incomplete	4.37	1.19	1	16.86	.00
	Complete	4.88	1.05			
SES <sup>d</sup>	Incomplete	4.30	2.27	1	0.10	.75
	Complete	4.22	2.06			

Location <sup>e</sup>	Incomplete	2.05	1.11	1	0.06	.80
	Complete	2.08	1.05			
Gender <sup>f</sup>	Incomplete	1.34	0.53	1	4.10	.04
	Complete	1.26	0.42			
Sexual Identity <sup>g</sup>	Incomplete	0.93	0.49	1	5.31	.02
	Complete	1.05	0.43			

Note: SES refers to socioeconomic status;  $R^2 = .015$  ( $\text{Adj}R^2 = .013$ )<sub>a</sub>;  $R^2 = .001$  ( $\text{Adj}R^2 = -.002$ )<sub>b</sub>;  $R^2 = .045$  ( $\text{Adj}R^2 = .042$ )<sub>c</sub>;  $R^2 = .000$  ( $\text{Adj}R^2 = -.003$ )<sub>d</sub>;  $R^2 = .000$  ( $\text{Adj}R^2 = -.003$ )<sub>e</sub>;  $R^2 = .011$  ( $\text{Adj}R^2 = .009$ )<sub>f</sub>;  $R^2 = .015$  ( $\text{Adj}R^2 = .012$ )<sub>g</sub>

**Normality and outlier tests.** Normality was assessed by examining histograms and the skewness and kurtosis distribution of each measure. Review of the histograms revealed the data was skewed for all but two of the scales, and this was confirmed by the comparison of the skew statistic to the standard error. The skewness and kurtosis statistic is reported in Table 8. The REMS Inferiority and Invalidation subscales were normally distributed and confirmed by the skew statistic. The following scales were positively skew: Second-Class Citizen and Assumptions of Criminality subscale, Exocitization and Assumptions of Similarity subscale, Environmental subscale, Workplace and School subscale, PHQ composite scale, and RRCS composite scale. All subscales of the MHI yielded a negative skew (Anxiety, Depression, Behavioral Control, and Positive Affect). The skewed variables were transformed to correct for non-normality prior to analysis. Variables that were positively skewed were corrected using the Log transformation. For positively skewed variables with a minimum score of zero, a constant, C, was added to each score so the smallest score is one during the Log transformation (Tabachnick & Fidell, 2007). The variables that yielded a negative skewness statistic were reflected by adding a one to the largest score in the distribution to create a constant, K. This is

done to convert the variable to a positive skew. The variable is subtracted from the constant and then a Log transformation is performed to correct for non-normality. It is recommended that skew statistics closest to zero reflect normality of distribution, and the transformations were helpful with correcting all but one variable and used in subsequent procedures. When transformed the RRCS skew statistic became negative and larger, thus the non-transformation of this variable was retained for analysis.

Table 8

*Skewness and Kurtosis Statistics for Study Variables (N=268)*

	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
REMS_Inferiority	.15	.14	-1.25	.29
REMS_ClassCrim	.72	.14	-.42	.29
REMS_Invalidation	.13	.14	-1.18	.29
REMS_ExoticSimilar	1.16	.14	1.13	.29
REMS_Environmental	.30	.14	-.91	.29
REMS_WorkSchool	.59	.14	-.98	.29
PHQ_Mean	.71	.14	.71	.29
RRCS_TotalScore	.59	.14	1.81	.29
MHI_Anxiety	-.35	.14	-.42	.29
MHI_Depression	-.98	.14	1.14	.29
MHI_BehvControl	-1.16	.14	1.31	.29
MHI_PosAffect	-.43	.14	-.46	.29
MHI_Mean	-.44	.14	-.22	.29

Note: REMS= Racial and Ethnic Microaggressions Scale; PHQ= Physical Health Questionnaire; MHI= Mental Health Questionnaire; RRCS = Racism-Related Coping Scale

**Descriptive statistics.** Descriptive statistics (i.e., mean, standard deviation, range, and reliability) for all measures used in the current study are reported in Table 9. All but three scales showed acceptable reliability. The mean scores describe the following about the study sample: average on experience of racial microaggression themes inferiority, microinvalidation, and environmental themes; below average in experience of racial microaggression themes second-

class citizen and assumption of criminality, exoticization and assumptions of similarity, and work and school themes; moderately low on physical health; above average on psychological well-being; and below average on racism-related coping strategies.

Table 9

*Means, Standard Deviations, Reliability, Number Items, Range Minimum and Maximum*

	M	SD	Alpha	Item N	Minimum	Maximum
REMS_Inferiority	.46	.33	.84	8	.00	1.00
REMS_ClassCrim	.36	.30	.77	7	.00	1.00
REMS_Invalidation	.45	.33	.85	9	.00	1.00
REMS_ExoticSimilar	.22	.22	.71	9	.00	1.00
REMS_Environmental	.43	.29	.69	7	.00	1.00
REMS_WorkSchool	.36	.35	.78	5	.00	1.00
PHQ_Sleep	2.34	1.14	.74	4	.00	5.25
PHQ_Headaches	1.95	1.41	.88	3	.00	6.00
PHQ_Gastrointestinal	1.57	1.23	.85	4	.00	5.50
PHQ_RespiratoryInf	1.40	.89	.47	3	.00	4.67
MHI_Anxiety	4.20	1.02	.84	5	1.00	6.00
MHI_Depression	4.68	.97	.86	4	1.25	6.00
MHI_BehvControl	4.99	.81	.68	4	1.75	6.00
MHI_PosAffect	4.14	.95	.82	4	1.25	6.00
MHI_MeanScore	4.49	.77	.92	18	2.17	6.00
PHQ_Mean	1.83	.80	.82	14	.00	4.50
RRCS_TotalScore	53.09	25.06	.94	59	.00	176.00

*N*=268. Note: Alpha= Chronbach's alpha reliability coefficient; REMS= Racial and Ethnic Microaggressions Scale; PHQ= Physical Health Questionnaire; MHI= Mental Health Questionnaire; RRCS = Racism-Related Coping Scale

**Correlations between the variables.** The Pearson Correlation was produced for each variable in the study. Numerous variables were significantly correlated with one another as reported in Table 10. Mental health ratings were negatively associated with physical health ( $r = -.58, p = .01$ ), racism-related coping ( $r = -.16, p = .01$ ), and experiences of racial microaggressions: Inferiority ( $r = -.16, p = .01$ ), Second-Class Citizen and Assumptions of Criminality ( $r = -.19, p = .01$ ), Microinvalidation ( $r = -.25, p = .01$ ), Exocitization and Assumptions of Similarity subscale

( $r = -.13, p = .05$ ), Environmental subscale ( $r = -.18, p = .01$ ), Workplace and School ( $r = -.19, p = .01$ ). Physical health was positively correlated with Inferiority ( $r = .25, p = .01$ ), Second-Class Citizen and Assumptions of Criminality ( $r = .25, p = .01$ ), Microinvalidation ( $r = .29, p = .01$ ), and Workplace and School microaggressions ( $r = .24, p = .01$ ). Physical health positively correlated to racism-related coping as well ( $r = .24, p = .01$ ). There was a non-significant positive correlation between physical health and Environmental microaggressions. Racism-related coping positively correlated with each racial microaggression subscale except the Environmental scale which was negative and non significant.

Table 10  
*Pearson Correlation Between Study Variables (N=268)*

	1	2	3	4	5	6	7	8	9
1 Inferiority	—								
2 Second-Class and Assumptions of Criminality	.55**	—							
3 Microinvalidation	.54**	.47**	—						
4 Exoticization and Assumption of Similarity	.49**	.42**	.51**	—					
5 Environmental	-.04	.04	.04	.05	—				
6 Work and School	.62**	.54**	.50**	.38**	.03	—			
7 MHI Composite	-.16**	-.19**	-.25**	-.13*	-.18**	-.19**	—		
8 PHQ Composite	.25**	.25**	.29**	.21**	.11	.24**	-.58**	—	
9 RRCS Composite	.40**	.41**	.43**	.33**	-.01	.44**	-.16**	.24**	—

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

## Primary Analysis

*Research Question One.* Is there a significant difference in the type of racial microaggressions that are experienced by African Americans?

A One-way ANOVA was conducted to examine the difference in type of racial microaggressions endorsed by constituents. The six subscales of the Racial and Ethnic Microaggression Scale were entered as the dependent variables for the analysis. Table 11 shows the mean for the six subscales and Table 12 shows a non-significant difference of the means between the six themes. In order from largest to smallest reported mean: Assumption of Inferiority ( $M = .45, p = .00$ ), Microinvalidation ( $M = .44, p = .00$ ), Environmental ( $M = .42, p = .00$ ), Second-Class and Assumption of Criminality ( $M = .35, p = .00$ ), Workplace and School ( $M = .35, p = .00$ ), and Exoticization and Assumption of Similarity ( $M = .22, p = .00$ ).

Hypothesis: There is a significant difference in the means between the six themes: assumption of inferiority, second-class citizen and assumptions of criminality, microinvalidations, exoticization and assumptions of similarity, environmental microaggressions, and workplace and school microaggressions ( $M1 \neq M2 \neq M3 \neq M4 \neq M5 \neq M6$ ).

*Research Question Two:* How do racial microaggressive stressors affect physical health well-being? How is the relationship between racial microaggressive stress and physical health well-being moderated by coping styles?

A Pearson correlational analysis was conducted to explore the relationship between the racial microaggressions and physical health. A hierarchical regression analysis was conducted to examine the influence of racial microaggressions and racism-related coping on physical health. According to Tabachnick & Fidell (2007), several practical issues need to be considered and



addressed when using the hierarchical regression analysis method. The data was examined for outliers in the IV and DV by reviewing the histograms and no outliers were identified in the distribution for the variables. The test of assumptions of normality was corrected with log transformations, and that process was outlined above in the section on normality and outliers. To reduce potential multicollinearity the scores of the REMS subscales (predictor variables), the composite PHQ and MHI scales (outcome variables), and each REMS subscale x RRCS composite scale (moderator variables) were transformed to standardized z scores so that each has a mean of zero and standard deviation of one.

Next, SPSS linear regression was used to run the hierarchical regression procedure using their Block method to enter the variables in the model. First, the six subscales of the Racial and Ethnic Microaggressions Scale and the total composite scale of the Racism-Related Coping Scale were entered in Block One as independent variables, and the moderator variables for each REMS subscale by the RRCS were entered as independent variables in the Block Two. Second, The PHQ composite scale was entered as the dependent variable for both Block One and Block Two to measure participant reports of physical health. Finally, the following statistics were selected for the analysis: model fit, R squared change, part and partial correlations, and collinearity diagnostics.

*Hypothesis:* A. There will be a significant positive correlation between experiences of racial microaggressions and physical health (i.e., as experiences of microaggressions increase the frequency of physical health symptoms will increase as well).

B. Coping will buffer the effects of racial microaggressions on physical health.

Research question two was partially support wherein we found a positive correlation between microaggressions and physical health; however coping did not moderate this

relationship. The Pearson correlational analysis was conducted to examine the relationship between the REMS subscales and self-reports of physical health symptoms (see Table 10). The correlation coefficients reveal a significant positive relationship between self-reported physical health symptoms and Inferiority ( $r = .25, p = .01$ ), Second-Class Citizen and Assumptions of Criminality ( $r = .25, p = .01$ ), Microinvalidation ( $r = .29, p = .01$ ), Exoticization and Assumptions of Similarity ( $r = .21, p = .01$ ), and Workplace and School microaggressions ( $r = .24, p = .01$ ). There was also a positive relationship between Environmental microaggressions and physical health, however the relationship was not statistically significant.

For the hierarchical regression analysis, the results of the Block 1 model looking at the relationship between the predictor variables and physical health was non-significant ( $AdjR^2 = .004, F = (7, 1.07), p = .38$ ). While the overall model was not significant, the results for part one of the hypothesis yielded a significant positive relationship between only the Environmental microaggression and the reports of Physical Health symptoms ( $\beta = .18, p = .03$ ). In testing the significance of the moderator variable, Racism-Related Coping, the model revealed that Racism-Related Coping Scale was not significantly moderate the relationship between racial microaggressions and physical health ( $AdjR^2 = .008, F = (7, 1.07), p = .38$ ). Furthermore, no predictor variables or moderator variables yielded any significant contribution to the relationship in this second block model. See Table 13 and Table 14 for a summary of the findings.

*Research Question Three:* How does racial microaggressive stress affect psychological well-being? Is the relationship between racial microaggressions and psychological well-being better accounted for by coping strategy?

A second hierarchical regression analysis was conducted to investigate the relationship between racial microaggressions and psychological well-being, and to determine the moderating

effects of racism-related coping strategies. First, the six subscales of the Racial and Ethnic Microaggressions Scale and the total composite scale of the Racism-Related Coping Scale were entered in Block One as independent variables, and the moderator variables for each REMS subscale by the RRCS were entered as independent variables in the Block Two. Second, The MHI composite scale was entered as the dependent variable for both Block One and Block Two to measure psychological well-being. Finally, the following statistics were selected for the analysis: model fit, R squared change, part and partial correlations, and collinearity diagnostics

Hypothesis: A. There will be a significant negative correlation between experiences of racial microaggressions and psychological well-being. Psychological well-being will be lower for those who report more racial microaggressions which will suggest a negative effect on mental health. Whereas psychological well-being will be higher for those who report low racial microaggressions suggesting better mental health.

B. Race-related coping will buffer the effects of racial microaggressions on psychological well-being.

The results provided partial support for research question three as well. Pearson correlation coefficients revealed a significant negative relationships between psychological well-being and racial microaggressions: Inferiority ( $r = -.16, p = .01$ ), Second-Class Citizen and Assumptions of Criminality ( $r = -.19, p = .01$ ), Microinvalidation ( $r = -.25, p = .01$ ), Exocitization and Assumptions of Similarity subscale ( $r = -.13, p = .05$ ), Environmental subscale ( $r = -.18, p = .01$ ), Workplace and School ( $r = -.19, p = .01$ ). These findings suggest that these six forms of racial microaggressions negatively affect psychological well-being.

Results for the first part of this analysis reveals that model one is non-significant ( $AdjR^2 = .033, F(7, 1.62) = , p = .13$ ), which suggests no significant relationship between the REMS

subscales and psychological well-being. While the model was found to be non-significant, a significant positive relationship between the predictor variable Environmental microaggressions and psychological well-being ( $\beta = .19, p = .01$ ). The overall model reveals no relationship between experiences of racial microaggressions and psychological well-being, and the relationship between Environmental microaggressions and psychological well-being did not uphold the hypothesized negative relationship between the variables in the hierarchical multiple regression analysis. The second model that tested the moderating effects of racism-related coping strategies also yielded non-significant result ( $AdjR^2 = .010, F = (13, .52), p = .78$ ). These findings suggest that racism-related coping does not moderate the relationship between experiences of racial microaggressions and psychological well-being. See Table 15 and Table 16 for a summary of the results.

Table 18  
*Table of Research Questions & Hypotheses with Corresponding Analyses*

Research Questions & Hypotheses	Variables Measured	Scales	Statistical Analyses	Significance/ Outcome
<b>H1.</b> There is a significant difference in the type of racial microaggressions endorsed by respondents.	1. Assumption of Inferiority 2. Second-Class Citizen and Assumptions of Criminality 3. Microinvalidations 4. Exoticization and Assumptions of Similarity 5. Environmental Microaggressions 6. Work and School Microaggressions	REMS – 6 subscales	One-way ANOVA	Fail to Reject Null
<b>H2A.</b> There is a significant positive correlation between	1. Assumption of Inferiority 2. Second-Class	REMS – 6 subscales & PHQ	Pearson Correlational Coefficients	Hypothesis Supported (+) Inferiority

experiences of racial microaggressions and physical health. That is to say, as frequency in experiences of microaggressions increase the frequency in physical health symptoms will increase as well.	Citizen and Assumptions of Criminality 3. Microinvalidations 4. Exoticization and Assumptions of Similarity 5. Environmental Microaggressions 6. Work and School Microaggressions 7. Physical Health	Composite		(+) Second-Class/Criminality (+) Microinvalidation (+) Exoticization/Similarity (+) Work and School  Fail to Reject (+) Environmental
<b>H2B.</b> Coping will significantly moderate the relationship between racial microaggressions and physical health.	1. Assumption of Inferiority 2. Second-Class Citizen and Assumptions of Criminality 3. Microinvalidations 4. Exoticization and Assumptions of Similarity 5. Environmental Microaggressions 6. Work and School Microaggression 7. Physical Health 8. Racism-Related Coping Total	REMS- 6 subscales, PHQ Composite, & RRCS Composite	Hierarchical Multiple Regression	Fail to Reject REMS  Fail to Reject RRCS
<b>H3A.</b> There is significant negative correlation between experiences of racial microaggressions and psychological well-being. As frequency of racial microaggressions increase psychological well-being will decrease, and as racial microaggressions decrease the	1. Assumption of Inferiority 2. Second-Class Citizen and Assumptions of Criminality 3. Microinvalidations 4. Exoticization and Assumptions of Similarity 5. Environmental Microaggressions 6. Work and School Microaggression 7. Psychological Well-being	REMS – 6 subscales; MHI-18 Composite	Pearson Correlational Coefficients	Hypothesis Supported

psychological well-being will increase.				
<b>H3B.</b> Coping will significantly moderate the relationship between racial microaggressions and psychological well-being.	<ol style="list-style-type: none"> <li>1. Assumption of Inferiority</li> <li>2. Second-Class Citizen and Assumptions of Criminality</li> <li>3. Microinvalidations</li> <li>4. Exoticization and Assumptions of Similarity</li> <li>5. Environmental Microaggressions</li> <li>6. Work and School Microaggression</li> <li>7. Psychological Well-being</li> <li>8. Racism-Related Coping</li> </ol>	REMS – 6 subscales; MHI-18 Composite; RRCS Composite	Hierarchical Multiple Regression	<p>Fail to Reject REMS</p> <p>Fail to Reject RRCS</p>

## Chapter V

### DISCUSSION

#### Overview

The chapter will elaborate on the results and implications of the current study. It will begin with a summary followed by a discussion of the major findings. Considerations such as limitations of the study and implications for research, theory, and practice will be discussed as well. Lastly, it will conclude with a brief summary of the research.

#### Summary of Research Study

The study examined African Americans lived experiences with microaggressions and investigated the relationship between racial microaggressions, psychological well-being, physical health, and racism-related coping strategies. Racial microaggressions are different than blatant racism, and present a unique challenge to coping for a few reasons: 1 the insidious manner by which they are delivered proves difficult to identify with certainty, 2. the acts communicate racially loaded messages that remind African Americans of their second-class social standing, 3. the instigators denial of that racial-reality of People of Color. In modern times, racial microaggressions violate the notion of a “post-racial America” and extinguish the hope for change envisioned with the election of an African American president in the United States (Coates, 2012). Racial microaggressions challenge the egalitarian values of both People of Color and their White counterparts, and they show perhaps that America still has a “race issue”.

Existing research suggests that African Americans experience racial microaggressions in the workplace, while shopping and/or dining, in academia as a student or as faculty, in mental health settings, and supervisory relationships (Constantine, 2007; Constantine & Sue, 2007; Sue et al, 2007; Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Sue et al, 2009; Torres et

al, 2010; Watkins, LaBarrie, & Appio, 2010). According to Sue (2010), microaggressions are automatic subtle expressions of personal biases against historically oppressed groups, and place an insurmountable weight on the target person who may feel the impact for days and sometimes years after the occurrence of the microaggressive incident. It has been suggested that racial microaggressions are as harmful as blatant racial discrimination, and researchers must adopt coping strategies that buffer the effects of microaggressions encountered by African Americans (Sue et al, 2007; Sue, Nadal et al, 2008; Sue, Capodilupo, & Holder, 2008). Existing studies contributed to increased understanding of how racial discrimination acts as a stressor and enacts harm on the psychological and physical health of African Americans (Clark et al, 1999; Utsey, 1998; Utsey et al 2002; Utsey et al, 2006; Smith, Allen, & Danley, 2007). Yet, most of this work has focused on investigating more overt manifestations of racism, or has not distinguished between overt racism and microaggressions. In prior work, scholars investigated the emotional, psychological, and physical well-being of other racial groups and these findings unveil the damaging effects of racial microaggressions (Wang, Leu, & Shoda, 2011; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013; Rivera, 2012). Currently, there is a scarce amount of published research examining how microaggressions impact the well-being of African Americans.

The Microaggression Process Model outlines the impact of the racial microaggressions from beginning to end to depict how African Americans manage these encounters (Sue, 2010). The unique aspects of this model emphasize that targets most often oscillate between checking one's perception and making meaning of the experience after being microaggressed. Those who encounter microaggressions sit with uncertainty about whether the incident is racially motivated. The target engages a cognitive managing of the incident to decipher the message being communicated by the person who enacted the microaggression and may cycle through emotional



and behavioral reactions to the incident as well. Finally, the person who is being microaggressed tries to make meaning of the experience and wades through the behavioral, emotional, and cognitive consequences of the incident. It is believed that microaggressions are harmful- as illustrated by the Process Model- and scholars suspect that the impact can last for days or even longer. Coping strategies such as the active-approache have been found to effectively buffer the effects of racial discrimination experienced by African Americans (e.g., Plummer & Slane, 1996; Harrell, 2000). A qualitative study highlighted the adaptive coping strategies for responding to racial microaggressions employed by mental health professionals of color (Hernandez et al, 2010). The researchers found that Professionals of Color may employ tactics such as consideration of the power differential, confronting the aggressor, and seeking support from allies when responding to racial microaggressions in the field of mental health. The present study aimed to identify coping strategies for responding to racial microaggressions that might be employed by African Americans in various settings, and investigate how coping might buffer the impact on the psychological and physical well-being for members of this racial group.

### **Overview of Major Findings**

**Racial Microaggressions.** Research question one explored whether there was a difference in the type of microaggressions experienced by African Americans in the study. It was suggested that there may be a significant difference in the types of microaggressions, or that some microaggressions may be more common than others. This hypothesis was not supported and suggests that African Americans do not encounter one form of racial microaggressions more than another. This finding counters the existing literature suggesting that some forms of microaggressions are experienced more frequently than others (Ong et al, 2013). For instance in a study on Asian American microaggressions, participants reported that encountering

microinvalidations make up 75% of microaggressions experienced on a daily basis. This finding did not emerge for the present study, and one reason for this might be due to a lack of variability of a dichotomous response option for the REMS. In the future, researchers should further explore how microaggressions are experienced by African Americans and consider measuring frequency to assess this area.

**Racial microaggressions and physical health.** Consistent with the hypothesis 2a, African Americans who reported more instances of racial microaggressions had a higher frequency of somatic symptoms (i.e., sleep disturbance, headaches, gastrointestinal problems, and/or respiratory infections) than those who reported lesser instances of microaggressions. More specifically, a positive association found for the subscales measuring experiences of where an incident communicated assumptions of inferiority, second-class citizen and assumptions of criminality, microinvalidations, exoticization and assumptions of similarity, and workplace and school microaggressions to African Americans. There was a non-significant positive association found for environmental microaggressions and somatic symptoms as well. Research suggests that African Americans who report experiencing racial discrimination have poorer physical health outcomes. A positive association was found between perceived racial discrimination and physical health outcomes, and suggests that racism may contribute to the prevalence of hypertension and high blood pressure among African Americans (Williams et al, 2003; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005). Past research suggests health behaviors such as cigarette smoking and alcohol use may be the means by which perceptions of chronic discrimination effects health outcomes as well. A recent study found racism may accelerate aging in African American men who internalize racial discrimination (Chae et al, 2014). Specifically, they found that African American who report racial discrimination and tendency to

internalize biased treatment have shorter telomeres, a biomarker for aging that is also associated with cardiovascular diseases and premature death. Kwate, Valdimarsdottir, Guevarra, & Bovbjerg (2003) found racial discrimination to be positively associated with the number of cigarettes smoked and/or alcohol drinks consumed by African American women. Their research suggests a positive correlation between lifetime racism and history of physical disease and frequent common colds experienced in the lifetime of African American women.

Overwhelmingly, research suggests racial discrimination compromises the physical health of African American men and women at a systematic (e.g., cardiovascular) and cellular level (Williams et al, 2003; Krieger et al, 2005; Chae et al, 2014; Kwate et al, 2003). Consistent with prior research investigating racial discrimination as a determinant of health for African Americans, the current study suggests that microaggressions do indeed have a negative relationship with physical health outcomes. In the past, there have been questions about the impact of subtle, denigrating racially coded messages against people of color, and the present study supports the assertion that racial microaggressions are potentially harmful to African Americans. Specifically, the study shows a correlation between racial microaggressive incidents and the somatic symptoms associated with physical stress responses like headaches, sleep disturbance, and gastrointestinal problems. The present study is an important contribution to the field and highlights the potential health consequences of handling racial microaggressions, and no current research has investigated the association between microaggressions and physical health.

**Racial microaggressions and psychological well-being.** Hypothesis 3a was supported and a negative correlation was found between racial microaggressions and psychological well-being. In this case, psychological well-being is assessed by a cumulative score of symptoms of

depressed mood, anxiety, loss of behavioral/emotional control, and an absence of positive affect and interpersonal ties. Constituents who reported more experiences of racial microaggressions had lower ratings on psychological well-being than those who reported lesser racial microaggressions. This was a significant finding for the subscales capturing experiences of being treated as an inferior, second-class, and a criminal; and instances when African Americans are microinvalidated and/or microaggressed in workplace and school and by the absence/presence of healthy representation of other African Americans. The findings support existing evidence for racial discrimination as a significant predictor of psychological disorders like generalized anxiety disorder and depression among African American men and women.

According to the Anxiety and Depression Association of America (ADAA), anxiety may manifest psychologically as excessive worrying, intrusive thoughts and difficulty concentrating and physiologically as headaches, gastrointestinal problems, and sleep disturbance (2014). Depression can manifest as sadness, unmotivated, decreased interest in pleasurable activities, fatigue, and increased sleep. In one study, the greater the number of race based discrimination experiences reported by African Americans the higher their odds for developing Generalized Anxiety Disorder in their lifetime (Soto, Dawson-Andoh, & BeLue, 2011). Interestingly, Generalized Anxiety Disorder could be predicted for both African Americans and Afro Caribbeans by age 35 and older who report experiences of race based discrimination. In another study, unfair treatment was linked to depressive symptoms. African American women subjected to higher levels of racial discrimination experience more depressive symptoms than those reporting lower levels of discrimination (Keith, Lincoln, Taylor, & Jackson, 2010). The researchers theorize that higher levels of discrimination undermine the confidence of African American women and their sense of ability to manage life challenges- “leaving them powerless

and depressed” (Keith et al, 2010). Similar results for African American men where racial discrimination was a significant predictor of depressive symptoms (Watkins, Hudson, Caldwell, Siefert, & Jackson, 2011). This was especially true for African American men between age 35 and age 54. For African Americans in general, navigating racism and racist environments are an aspect of their reality and life challenges. However, many may African Americans not feel that they can predict the when, where and who of their encounters with unfair treatment, and research suggests this results in feelings of powerlessness and depression among African American women and men.

Recently, researchers have turned their attention to the psychological impact of racial microaggressions for African Americans. Mixed findings were reported on the correlation between racial microaggressions and depressive symptoms. In a sample of Black college students, a significant relationship was found between microaggressions and psychological well-being as measured by depressive symptoms and self-esteem (Helm, 2013). Using the REMS, Inferiority, Second-Class, Invalidation, Workplace, and Exoticization were each positively related to depressive symptoms and self-esteem. Environmental microaggressions associated with self-esteem but not depression. However, another study conducted with Black college students did not find a correlation between microaggressions and depressive symptoms (Roberts, 2013).

Torres and colleagues (2010) examined racial microaggressions using a longitudinal model to investigate lived experiences and impact among African American doctoral students and doctoral degree holders. Their findings suggest racial microaggressions tax the coping resources of African Americans and these incidents have prolonged effects on the psychological well-being of African Americans. The current study supports research that suggests

microaggressions deplete the psychological well-being of African Americans. However, the findings are mixed and this is an area of research that warrants further investigation in the future.

**Racism-Related coping as a moderator.** The results of the current study do not support the hypothesis that racism-related coping buffers the effects of racial microaggressions experienced by African Americans. As reviewed in chapter two, initial findings suggest that people of color may employ a mix of active and passive strategies to cope with microaggressions. Hernandez and colleagues (2010) found that mental health professionals of African, Asian, and Latin American descent responded to microaggressive incidents by confronting the aggressor, documenting the incidents, spirituality, and mentoring others. At face value, these responses appear more active than passive in nature; however spirituality has been researched as both an active and passive coping strategy. Torres and her team (2010) investigated the role of microaggressions in the lived experience of high achieving African Americans and the effectiveness of active coping in their mixed-method research model. High active coping served to mitigate the effects of perceived stressors better than low active coping. Also, active coping was an effective buffer to microaggressive experiences that involve ascriptions of intelligence or having one's abilities undermined.

The proposed research model for coping (moderator) serving as a buffer between microaggressions (predictor) and well-being (outcome) was not supported, and these findings do not support the literature on coping as a buffer to race-related stress and racial discrimination. There was a moderate correlation between coping and five racial microaggressions scales: Inferiority, Second-Class, Microinvalidation, Exoticization, and Workplace and School. However, the relationship between coping and psychological and physical health was relatively weak. As reported in Table 10, as instances of racial microaggressions increase use of coping

increases as well. African Americans who experience daily subtle discrimination are utilizing a higher of racism-related coping strategies than those who do not report microaggressions.

Ongoing research would investigate whether themes or subscales of coping can be captured or whether the number of coping strategies employed helps to understand the relationship between microaggressions in health outcomes.

The relationship between coping and well-being suggests that, for African Americans, racism-related coping is not associated with psychological and physical health. The current study computed a total score for the RRCS and this may have limited the effectiveness of the scale. In the future, research would examine the eight subscales of the Racism-Related Coping Scale (RRCS) separately or conduct an exploratory analysis of the items of the RRCS to test whether the original subscales uphold or are reorganized for coping with microaggressions.

Another possible explanation the proposed model was not upheld might be the presence of a suppressor variable that would correlate with the predictor or independent variable but not very much with the criterion variable. Keith and colleagues (2010) hypothesized that mastery, a concept that looks at an individual's sense of personal agency, would mediate the relationship between racial discrimination and depressive symptoms. Their findings suggest that African American women with high mastery were less emotionally vulnerable to depression than those with a low mastery when faced with discrimination. Another possible variable to consider is social support or the system of family, friends, and allies who serve to provide comfort, self-worth and validation for an individual. Social support has been found to be an effective buffer in prior research conducted on race-related stress (Harrell, 2000; Utesy et al, 2006; Utsey et al, 2008). Researchers have found social support to be an important aspect of coping for African Americans, and it is possible that this construct all the more important when investigating the

overall impact of racial microaggressions and the coping process. Lastly, African American men who internalize discrimination aged faster than those who did not (Chae, 2014), and this is another construct to be considered in future research that employs the moderation model to investigate lived experiences with microaggressions.

Another consideration is that social variables may be covariates in the current study. As reported in chapter four of this dissertation, an examination of the demographic variables revealed a difference between individuals who complete the survey and those who did not complete the survey. There is a difference in educational attainment, age, gender, and sexual orientation among the participants for completion rate. Two recent studies demonstrate the role of age in research models on racial discrimination and psychological well-being among African Americans. The studies suggest that discrimination is a better predictor of depressive symptoms among African Americans age 35 and older (Soto et al, 2011; Watkins, 2011). One researcher proposed that individuals who are age 35 and older may have witnessed or encountered higher levels of discrimination in their lifetime than younger African Americans. Furthermore, in another study it was believed that people of color acquired more coping strategies over time, which may equip them with more resources for coping with microaggressions (Hernandez et al, 2010). Social variables like age, gender, education, and sexual orientation should be further explored as potential covariates in microaggression research.

### **Limitations for the Study**

Considerable caution should be taken in interpreting the findings. First, the measures used in this study may not have been the most appropriate method for assessing the variables in this research. For example, the dependent variables for physical health and psychological well-being were measured using the PHQ and MHI-18, respectively. In particular for the Physical



Health Questionnaire, the authors limited in their generalizability due to its reliance on the subject's recollection of somatic symptoms experienced over an extended period of time (Schat et al, 2007). A correlation was found between racial microaggressions and the physical health and mental health measures, however correlation does not infer causation. Participants were asked to report psychological and somatic symptoms experienced in the last 6 months rather than a report of symptoms that arose when a she or he encountered a microaggression. Thus, it is possible that participants' self-report of somatic symptoms are associated by other lifestyle or health issues. As a participant noted on one survey, his or her report of decreased sleep was related to general anxieties about having a baby. Likewise, somatic symptoms of respiratory issues might be a reflection of a greater health problem of asthma or an upper respiratory infection. A more appropriate method to assess psychological and somatic symptoms might be to ask participants to describe the psychological and/or somatic symptoms that were experienced during or sometime after a microaggressive incident. Another limitation to the findings might be the time frame of data collection for the present study. Data collection occurred between January 2013 and September 2013. This is noteworthy due the verdict announced in July 2013 for a trial involving the death of an African American teen in central Florida, which may have been emotionally evocative for some Americans in general and African Americans in particular (Tienabeso, Gutman, & Wash, 2013). As high-profile case on an issue that many African Americans relate to (racial profiling, assumptions of criminality), there is potential for a contagion effect and researchers posit that the inclusion of direct and vicarious racism are critical in understanding the effects of discrimination (Harrell, 2000).

Similarly, there may also be limitations to using the Racial and Ethnic Microaggressions Scale. As reviewed in Chapter 2 of this dissertation, several themes emerged from prior studies

on African Americans and their experience with racial microaggressions (Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Torres et al, 2010; Niemann & Dovidio, 1998, Thompson & Sekaquaptewa, 2002; Watkins et al, 2010): a. assumptions of intellectual inferiority, b. assumptions of inferior status, c. second-class citizenship, d. assumptions of criminality, e., assumed superiority of White cultural values and communication style, f. cultural/racial isolation, g. solo status, i. invisibility, and j. assumed universality of the Black experience. The REMS was shown to be a valid instrument to assess microaggressions experienced by persons of African, Asian, and Latin American descent. However, the items and scales may not capture fully the lived experience of African Americans and major themes that extracted from prior research.

Although racial microaggression was found to correlate with psychological well-being and physical health in a way that suggests a negative impact on this aspect of health well-being, race-related coping (RRCS) was not found to moderate this relationship. One consideration is to examine the buffering effects of the eight subscales separately in future work to identify strategies for addressing racial microaggressions. In the current study, a total score was calculated for the RRCS for the purpose of examining the variable as a moderator in the data analysis. However, a total score for the 59-item RRCS might not be the most appropriate use of this scale. Exploring the moderator-effect of each subscale in the present study might have led to a better understanding of coping as a buffer. Certain subscales of the RRCS reflect approaches to coping that are active or passive strategies, and prior studies have shown the people of color may employ a variety of active and passive coping approaches when dealing with microaggressions (Hernandez et al, 2010). Past research suggests active coping is a protective factor against microaggressions that insult the intelligence and/or undermine the abilities of

African Americans (Torres et al, 2010). Future utilization of the scale in research on microaggressions should consider a moderation model of each subscales of racism-related coping scale to investigate buffers to the psychological and physical symptoms of microaggressions.

Lastly, another limitation to the findings pertains to the participant demographics. As reported in chapter four, a large number of participants were excluded from the major analysis due to incomplete surveys, which resulted in incomplete variables. An analysis of the demographics revealed a significant difference in age, gender, education, and sexual identity between participants who completed the survey and those who did not. As can be seen in Table 4, there is a large representation of participants who identify as women, heterosexual, graduate – level matriculation, and a mid-to-high household socioeconomic status. This is partly because secondary attempts to recruit participants focused on secure, online groups for African Americans, which tend to be professional organizations, alumni forums, and support groups for graduate students. (This issue is further discussed in chapter four in the section on Deleted Cases and below in the section on Implications for Research.) An examination of these social variables could have accounted for differential effects of microaggressions. For instance, age could be a covariate with physical health and psychological well-being. Prior studies have examined social variables when investigating the race-based acts of discrimination and psychological well-being among African Americans, and found that age may significantly impact the association between well-being and discrimination (Soto et al, 2011; Watkins et al, 2011). Thus, considerable caution should be made when generalizing these findings to other African Americans. In future research, social variables would be examined as covariates to aid in the understanding of the physical and psychological impact on racial microaggressions.

## **Implications for Theory, Research and Practice**

**Implications for Theory.** This is one of the first studies to examine racial microaggressions in the lived experience of African Americans and the effects on psychological well-being and physical health. African Americans reported microinsults and microinvalidations that are conveyed as assumptions about their intelligence, expectations that one is prone to criminal behaviors, and/or receiving second-class treatment. Researchers have shown that racial microaggressions are experienced in various aspects of their lives and these incidents can promote feelings of discomfort in academic or workplace settings where African Americans may feel unwelcomed (Deitch et al, 2003; Watkins et al, 2010). Several qualitative studies established the existence and manifestation of racial microaggressions in the lives of African Americans (Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Torres et al, 2010; Niemann & Dovidio, 1998, Thompson & Sekaquaptewa, 2002; Watkins et al, 2010; Hernandez et al, 2010; Torres et al, 2010). Most of these studies were qualitative and utilized a small sample in their research. There are mixed findings on how racial microaggressions impact the psychological well-being of African Americans (Helm, 2013; Roberts, 2013; Torres et al 2010), and no other findings on the association between microaggressive incidents and physical health. The findings of this study support the theory on the existence of microaggressions, and the assertion that microaggressions negatively impact the well-being of African Americans.

Another research implication is the finding that coping was not a significant moderator for the relationship between microaggressions and well-being. This was an unexpected finding given the existing research on coping with discrimination and racism-related stress, and the numerous scales that have been produced to capture culture-bound strategies for responding to a stressor (e.g., Harrell, 2000; Utsey et al, 2006). One study that examined coping with racial

microaggressions found that active coping mitigated the ascriptions of intelligence but not other forms of microaggressions (Torres et al, 2010). This suggests that more research is needed to identify the factors that buffer the effects of microaggressions, and one potential issue is that current conceptualizations of coping do not effectively address this problem. It is theorized that microaggressions are cognitively, emotionally, and psychologically taxing (Sue, 2010). The targets of microaggressions are tasked with making meaning of the incidents, questioning the encounter, and deciding how to respond if one decides to respond at all. There are no known coping measures that address dealing with complex stressful situations such as an encounter with a microaggression. Mellor (2004) suggests that coping on the function of the strategy when dealing with specific stressors like racial discrimination. This may be especially true when considering ambiguous racial discrimination like microaggressions, and the current study suggests that there is a need to identify functional, adaptive coping strategies to deter the depletion of psychological resources and physical health.

**Implications for Practice.** The present study supports the APA's Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003). These guidelines are a widely accepted standard in the field of psychology and counseling for instituting multicultural competencies in professional work. APA recommends that practitioners enhance cultural competence by examining their self-awareness, keeping abreast of emerging research on working that strengthens multicultural competence, and develop culturally appropriate skills as well. By examining the impact of racial microaggressions experienced by African Americans this research sought to understand of the experience of a marginalized social group, and contribute to emerging research on this population. Scholars continue to demonstrate that racial microaggressions make up the fabric of the African American life, and are often

experienced in several aspects of their daily living routine (e.g., work, school, and/or in the community; Constatine, 2007; Sue, Capodilupo, & Holder, 2008; Watkins, 2010). Emerging research investigating the impact of microaggressions suggests that these incidents do indeed compromise the well-being of marginalized groups (Helm, 2013; Torres, 2013). It is necessary for mental health professionals in community and private settings to be aware of the social factors that impact the well-being of individuals as well. In the case of African Americans, it is necessary to understand the existence of microaggressions in their lives and that these incidents may have an affect on psychological and physical health outcomes of clients and patients. Healthcare providers may find this research beneficial to increase their understanding of the worldviews and racial reality of African Americans. For example, mental health professionals might consider culturally relevant treatment approaches and research findings when working with African Americans who present for racial microaggressions as the presenting issue, and assist with identifying strategies for addressing these incidents.

The proposed model of this study can be employed in future research on microaggressions as well. As has been discussed, emerging research suggests that microaggressions (predictor) negatively effects psychological and physical health (outcome). In the future, an area for further research is to investigate social variables like age, gender, education, and sexual identity as covariates in this model. There was significant difference in these variables for the current study, and it is possible that these variables will increase our understanding about within-group differences on microaggressions and health outcomes.

**Implications for Research.** There are several research implications from the present study. Early research focusing on African Americans' encounters with microaggressions stem from the taxonomy proposed by Sue and colleagues almost seven years ago. The studies that set

the foundation for microaggression research were primarily qualitative approaches which tend to utilize small samples to collect data (Sue, Capodilupo, & Holder, 2008; Sue, Nadal et al, 2008; Torres et al, 2010; Niemann & Dovidio, 1998, Thompson & Sekaquaptewa, 2002; Watkins et al, 2010; Hernandez et al, 2010; Torres et al, 2010). The present study is one of the first to employ a quantitative approach to examine racial microaggressions in the lived experience in African Americans and investigate the association to psychological well-being. Currently, there are some mixed findings in the research on the psychological toll of microaggressions. Two studies suggest that microaggressions may take toll on the psychological well-being of African Americans; however one study did not find this to be the case (Helm, 2013; Roberts, 2013; Torres et al, 2010). More work is needed in this area to determine the nature of the relationship between microaggressions and psychological health. This study is the first to explore the relationship between racial microaggressions and physical well-being, and one of the first examine coping as a buffer to the effects of racial microaggressions (Torres et al, 2010). Additionally, although the selected coping scale was not shown to buffer the impact of racial microaggressions, the current study reveals that more research is needed to identify strategies that effectively buffer the negative effects of racial microaggressions. One study that people of color may select both active strategies and passive strategies do respond to microaggressive incidents (Hernandez et al, 2010). Although the current study computed a total score for in the model, one recommendation is to examine subscales of the Racism-Related Coping Scale as moderators in a research model.

In addition to exploring how racial microaggressions diminish psychological and physical well-being, it's also important to consider other demographic factors as well. The African American experience is not universal to all members of their racial groups, and within groups

should be considered. The present study found significant difference by gender, education attainment, age, and sexual identity in its sample. At least one study has found that African American women with higher education have a greater sense of mastery, and this self-concept was found to buffer depressive symptoms that can be triggered by the constant experience of racial discrimination (Keith et al, 2010). However, having higher education does not protect one from the experience of racial microaggressions. It is important that future research investigates the differential impact of racial microaggressions based on social variables (e.g., age and/or education) to increase understanding of their function in this field.

**Consideration for Microassaults in Research.** Sue and his team (2007) define microassaults as an explicit racial derogation meant to hurt the intended victim through name-calling, avoidance, or intentional discriminatory acts. Microassault are seldom in research studies on microaggressions since the publication of the taxonomy article, possibly because it can be difficult to distinguish from what we call “traditional” or “old-fashioned” overt racism. The principal investigator was a target of a microassault during the data collection for this dissertation, and it is necessary to bring awareness to this issue for future research. In an attempt to sample across groups within the African American community (e.g., gender, age, sexual identity, education, and socioeconomic status), the social media website Facebook was a primary method for recruiting participants. The investigator posted a brief description of the research and a hyperlink to the online survey on her Facebook profile page, and asked that family, friends, and associates repost the link to the survey as a modern-day form of the snowballing method for data collection. Three days after posting the link to Facebook, a virtual bystander emailed the principal investigator to alert her that the survey was “under attack”. The email stated that the survey link was posted to a White Supremacy website and members were sabotaging the



research study by entering contrived responses. The investigator reviewed the survey on Qualtrics and found that in just a few days 108 individuals had signed on to take the survey. However, upon further review it was evident that numerous people signed-on to sabotage the study, and some used signature racial epithets to make their presence known. Because of this, the survey link was closed immediately, which resulted in more than half of the participants being booted from the survey prematurely.

First, there is some room for discussion about the nature of this attempt to sabotage an online-study on racial microaggressions. The sabotage is noteworthy because it confirms the existence of modern racism, the very premise of this research study. However, this is not breaking news, necessarily, to citizens who have developed into social media mavens and witness these behaviors daily on sites like Facebook, Twitter, YouTube, or their favorite electronic news source. Social networking websites are developing into modern platforms for social justice and activism as well as opponents to these movements. The most recent example of this occurred after Coca-Cola aired its American the Beautiful Superbowl commercial featuring individual of various races and ethnicities, age, gender, and religion singing in different languages. A commercial that intended to celebrate the differences that make America beautiful lead some viewers, everyday citizens and conservative pundits alike, to take to social media to state their disapproval and xenophobia directed towards non-White racial groups...even Native Americans (Day, 2014). There are numerous other examples of microassaults, or cyber racism, such as when baseball fans chided Marc Anthony, an American of Puerto Rican descent, after he sang the National Anthem at a sporting event (Carrero, 2013). Indeed, social media often erupts with racism, sexism, heterosexism, classism, and trans-phobia. Individuals can say horrible things about marginalized social groups while hiding behind the guise of a pseudonym or stock

photo from the Internet. Racism on the Internet is projected to become a growing problem because it is believed to provide anonymity and safety to individuals who log-on to direct microaggressions towards others (Manfred, 2012).

However, the microassault of an open research study on racial microaggressions was certainly unexpected. It poses a great risk to the validity of research on marginalized groups that is conducted through social media. Many people may use social media to recruit participants because it allows you to sample from a larger population pool. Although African Americans make up just 10% of the U.S. population, they make up 25% of Twitter users and 80% of Blacks hold a social networking account (Holland, 2014; Sugerman, 2013). However, additional measures must be considered in a new age of recruitment and data collection. For the present study, the principal investigator created several new links to the online survey, tagged each one with a Google Alert, and tracked where each link was posted on the Internet. Researchers should take precautions with on-line studies, and consider what steps can be taken to guard against microassaults and attempts to sabotage their research.

## **Summary and Conclusion**

Racism has plagued the social climate in the United States since the arrival of the first European settlers and has survived social advances like the end of chattel slavery, Civil War, Civil Rights movement, Jim Crow era, and the election of an African American President of the U.S. However, racism has undergone a transformation and is largely conveyed as ambiguous expressions of racial bias like racial microaggressions. For African Americans, receiving maltreatment because of their race is a phenomenon that is gifted to each new generation of members of their racial group. The present study examined African Americans' lived experience with racial microaggressions, attempted to investigate a model proposing that these incidents

impact the psychological and physical well-being, and explored coping as a buffer in this model. As such, racial microaggressions were measured with a sample of participants who identify as Black and/or African American, and psychological and somatic symptoms were assessed, and the role of racism-related coping was examined in the model as well. The findings suggest that racial microaggressions are in fact detrimental to the psychological and physical well-being of African Americans; however the racism-related coping scale did not buffer the effect of racial microaggressions.

The current study adds to the research on microaggressions by providing empirical evidence of the harmful effects of racial microaggressions, and suggesting that these incidents are harmful to both psychological and physical well-being. The present study calls for future research to investigate buffers to the impact of racial microaggressions. Additionally, the current study recommends that future research on African Americans also include social variables to explore with-in group differences that potentially moderate the relationship between microaggressions and health outcomes. The current study is one of the first to utilize a quantitative approach to unveil the existence and detrimental effects of racial microaggressions. It is hoped that more research will be conducted in the future that expands upon the current model to further the understanding of the impact of racial microaggressions and identify buffers that effectively preserve psychological and physical well-being among African Americans.

## References

- Adams, R.J. & Courage, M.L. (1995). *Development of chromatic discrimination in early infancy*. Behavioural Brain Research, 67(1), 99-101.
- Apfelbaum, E.P., Sommers, S.R., & Norton, M.I. (2008). Seeing race and seeming racist: Evaluating strategic colorblindness in social interaction. *Journal of Personality and Social Psychology*, 95 (4), 918-932.
- Anxiety and Depression Association of America (2014). *Understanding the facts*. Retrieved on April 22, 2014 from <http://www.adaa.org/understanding-anxiety>.
- Austin, A. (2012). *No relief in 2012 from high unemployment for African Americans and Latinos*. Economic Policy Institute Report in Race and Ethnicity. Retrieved on February, 25, 2012 from <http://www.epi.org/publication/ib322-african-american-latino-unemployment/>.
- Bear, M.F., Conners, B.W., & Paradiso, M.A. (2007). *Neuroscience: Exploring the brain* (3<sup>rd</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Bennett, G.G., Merritt, M.M., Edwards, C.L., Sollers, J.J. (2004). Perceived racism and affective responses to ambiguous interpersonal interactions among African American men. *American Behavioral Scientist*, 47 (7), 963-976.
- Berwick, D.M., Murphy, J.M., Goldman, P.A., Ware, J.E., Barsky, A.J., & Weinstein, M.C. (1991). Performance of a five-item mental health screening test. *Medical Care*, 29, 169-176.
- Bobo, L., Kluegel, J.R., & Smith, R.A. (1997). Laissez-faire racism: The crystallization of a kinder, gentler, antiblack ideology. In S.A. Tuch & J.K. Martin (Eds), *Racial attitudes in the 1990s: Continuity and change* (pp. 45-75). Westport, CT: Praeger.

- Carrero, J. (2013). Baseball fans take to Twitter to protest Marc Anthony singing God Bless America. Retrieved on April 22, 2014 from <http://nbclatino.com/2013/07/17/baseball-fans-take-to-twitter-to-protest-marc-anthony-singing-god-bless-america/>.
- Carter, R.T. (2006). Race-based traumatic stress. *Psychiatric Times*, 23 (14).
- Carter, R.T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35, 13-105.
- Carter, R.T. & Forsyth, J. (2010). *Reactions to racial discrimination: Emotional stress and help-seeking behaviors*. Psychological Trauma: Theory, Research, Practice, and Policy, 2(3), 183-191.
- Censky, A. (2011). *Black unemployment: Highest in 27 years*. Retrieved February 25, 2012 from [http://money.cnn.com/2011/09/02/news/economy/black\\_unemployment\\_rate/index.htm](http://money.cnn.com/2011/09/02/news/economy/black_unemployment_rate/index.htm).
- Clark, R., Anderson, N.B., Clark, V.R., & Williams, D.R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54 (10), 805-816.
- Coates, T. (2012). Fear of a Black President. Retrieved on April 19, 2014 from <http://www.theatlantic.com/magazine/archive/2012/09/fear-of-a-black-president/309064/>.
- Cohen, S., Janicki-Deverts, D., & Miller, G.E. (2007). Psychological stress and disease. *JAMA*, 298, 1685-1687.
- Consortium of Multiple Sclerosis Centers health Services Research Subcommittee. (1997). *Multiple Sclerosis Quality of Life Inventory: A user's manual*. New York, NY: National Multiple Sclerosis Society.
- Constantine, M.G. & Sue, D.W. (2007). Perceptions of racial microaggressions among Black supervisees in cross-racial dyads. *Journal of Counseling Psychology*, 54 (2), 142-153.

- Constantine, M. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*, 54 (1), 1-16.
- Crawford, J.R. & Henry, J.D. (2004). The Positive and Negative Affect Schedule (PANAS): Construct validity, measurement properties and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 43, 245-265.
- Day, P.K. (2014). Coca-Cola superbowl ad stirs controversy. Retrieved on April 22, 2014 from <http://www.latimes.com/entertainment/tv/showtracker/la-et-st-coca-cola-super-bowl-ad-stirs-controversy-20140203,0,1361331.story#axzz2zfnWjkVW>.
- Deitch, E.A., Barsky, A., Butz, R.M., Chan, S., Brief, A.P., & Bradley, J.C. (2003). Subtle yet significant: The existence and impact of everyday racial discrimination in the workplace. *Human Relations*, 56, 1299-1324.
- Depaoli, L.C. & Sweeney, D.C. (2000). Further validation of the Positive and Negative Affect Schedule. *Journal of Social Behavior and Personality*, 15, 561-568.
- Derogatis, L. & Melisaratos, N. (1983). The brief symptom inventory: An introductory report. *Psychological Medicine*, 13, 595-605.
- Desmond, M. & Emirbayer, M. (2009). What is racial domination? *Du Bois Review*, 6, 335-355.
- Dobner, J. (2011). Students lift car off Utah motorcyclist after fiery crash. Retrieved on November 13, 2011 from <http://www.suntimes.com/news/nation/7651193-418/students-lift-car-off-utah-biker-after-fiery-motorcycle-crash.html>.
- Dovidio, J.F. & Gaertner, S.L. (1986). Prejudice, discrimination, and racism: Historical trends and contemporary approaches. In J.F. Dovidio & S.L. Gaertner (Eds.), *Prejudice, discrimination, and racism* (pp. 1-34). Orlando, FL: Academic Press.
- Dovidio, J.F. & Gaertner, S.L. (2004). Aversive racism. *Advances in Experimental Social*

- Psychology*, 36, 1-52.
- Elligan, D. & Utsey, S. (1999). Utility of an African-centered support group for African American men confronting societal racism and oppression. *Cultural Diversity and Ethnic Minority Psychology*, 5(2), 156-165.
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers*, 28, 1-11.
- Essed, P. (1991). *Understanding everyday racism*. Newbury Park, CA: Sage Publications.
- Fields, A. (2009). *Discovering statistics using SPSS* (3<sup>rd</sup> Ed). Thousand Oaks, CA: Sage Publications.
- Folkman, S. & Moskowitz, J.T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55, 647-654.
- Forsyth, J.M. & Carter, R.T. (unpublished manuscript). Development and preliminary validation of the racism-related coping scale.
- Franklin, A.J. (1999). Invisibility syndrome and racial identity development in psychotherapy and counseling African American men. *The Counseling Psychologist*, 27, 761-793.
- Franklin, A. & Boyd-Franklin, N. (2000). Invisibility syndrome: A clinical model of the effect of racism on African-American males. *American Journal of Orthopsychiatry*, 70, 33– 41.
- Franklin, A.J., Boyd-Franklin, N., & Kelly, S. (2006). Racism and invisibility: Race-related stress, emotional abuse and psychological trauma for people of color. *Journal of Emotional Abuse*, 2-3, 9-30.
- Franklin, J.H. & Moss, A.A. (1988). *From slavery to freedom: A history of Negro Americans* (6th ed.). New York, NY: Alfred A Knopf, Inc.
- Gallagher, C.A. (2003). Color-blind privilege: The social and political functions of erasing the

- color line in post race America. *Race, Gender, & Class*, 10 (4), 22-37.
- Guyll, M., Matthews, K.A., & Bromberger, J.T. (2001). *Discrimination and unfair treatment: Relationship to cardiovascular reactivity among African American and European American women*. *Health Psychology*, 20(5), 315-325.
- Haase, R.F. & Ellis, M.V. (1987). Multivariate analysis of variance. *Journal of Counseling Psychology*, 34, 404-413.
- Harrell, S.P. (1997) *The racism and life experiences scales*. Unpublished manuscript.
- Harrell, S.P., Merchant, M.A., & Young, S.A. (1997). *Psychometric properties of the racism and life experiences scales*. Presented at the 1997 Annual Convention of the American Psychological Association, August 15-19, 1997. Chicago, IL
- Harrell, S.P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1), 42-57.
- Helm, C.A. (2013). Relationship between racial microaggressions and psychological well-being of African American college students. Unpublished dissertation.
- Helms, J.E. & Parham, T.A. (1996). The racial identity attitude scale. In R.L. Jones (Ed.), *Handbook of tests and measures for Black populations* (Vol 2, pp. 167-174). Hampton, VA: Cobb & Henry Publishers.
- Helms, J.E., Henze, K.T., Sass, T.L., & Mifsud, V.A. (2006). Treating cronbach's alpha reliability coefficients as data in counseling research. *The Counseling Psychologist*, 34, 630-660.
- Hernandez, P., Carranza, M., & Almeida, R. (2010). Mental health professional's adaptive



- responses to racial microaggressions: An exploratory study. *Professional Psychology: Research and Practice*, 41, 202-209.
- Holland, J.J. (2014). Black twitter emerges as major force in a technological civil rights age. The Huffington Post. Retrieved on April 20, 2014 from [http://www.huffingtonpost.com/2014/03/11/black-twitter-civil-rights\\_n\\_4940473.html](http://www.huffingtonpost.com/2014/03/11/black-twitter-civil-rights_n_4940473.html)
- Hughes, M. (1999). Symbolic racism, old-fashioned racism, and White's opposition to affirmative action. In S.A. Tuch & J.K. Martin (Eds), *Racial attitudes in the 1990s: Continuity and change* (pp. 45-75). Westport, CT: Prager.
- Ivey, A.E. & Ivey, M.B. (2003). Intentional interviewing and counseling: Facilitating client development in a multicultural society. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Jang, S.J. & Johnson, B.R. (2003). Strain, negative emotions, and deviance among African Americans: A test of general strain theory. *Journal of Quantitative Criminology*, 19, 79-105.
- Jang, S.J. & Lyons, J.A. (2006). Strain, social support, and retreatism among African Americans. *Journal of Black Studies*, 37 (2), 251-274.
- Jaspers, J.M.F. (1983). *Discrimination: Social psychology*. In R. Harre and R. Lamb (Eds), The encyclopedic dictionary of psychology. Cambridge, MA: The MIT Press.
- Jones, D.R., Harrell, J.P., Morris-Prather, C.E., Thomas, J., & Omowale, N. (1996). Affective and physiological responses to racism: The roles of afrocentricism and mode of presentation. *Ethnicity and Disease*, 6, 109-122.
- Jones, J.M. (1972). *Prejudice and racism*. Menlo Park, CA: Addison-Wesley.
- Jones, J.M. (1997). *Prejudice and racism*. Second Edition. Washington, D.C.: McGraw-Hill.
- Katz, I. & Hass, R.G. (1988). Racial ambivalence and American value conflict: Correlational and

- priming studies of dual cognitive structures. *Journal of Personality and Social Psychology*, 55, 893-905.
- Keith, V.M., Lincoln, K.D., Taylor, R.J., Jackson, J.S. (2010). Discriminatory experiences and depressive symptoms among African American women: do skin tone and mastery matter. *Sex Roles*, 62, 48-59.
- Kelsey, R.M. (1993). Habituation of cardiovascular reactivity to psychological stress: Evidence and implications. In J.J. Blascovich & E.S. Katkin (Eds.), *Cardiovascular reactivity to psychological stress and disease* (pp. 135-153). Washington, D.C: American Psychological Association.
- Kinder, D.R. & Sears, D.O. Prejudice and politics: Symbolic racism versus racial threats to the good life. *Journal of Personality and Social Psychology*, 40, 414-431.
- Lau, M.Y. & Williams, C.D. (2010). Microaggression research: Methodological review and recommendations. In D.W. Sue (Ed.), *Microaggressions and marginality: Manifestation, dynamics, and impact* (pp. 313-336). Hoboken, NJ: John Wiley & Sons.
- Lazarus, R.S. & Cohen, J.B. (1977). Environmental stress. In I Altman and J.F. Wohlwill (Eds.), *Human behavior and the environment: Current theory and research*. New York: Plenum.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lazarus, R.S. (2000). Toward better research on stress and coping. *American Psychologist*, 55, 665-673.
- LeBlanc, V.R., Regehr, C., Jelley, R.B., & Barath, I. (2008). The relationship between coping styles, performance, and responses to stressful scenarios in police recruits. *International Journal of Stress Management*, 15 (1), 76-93.
- Manfred, T. (2012). Why is the internet so racist? Business Insider. Retrieved on April 20, 2014

- from <http://www.businessinsider.com/internet-racism-2012-5>.
- Marger, M.N. (2009). *Race and ethnic relations: American and global perspectives* (8<sup>th</sup> Ed). Belmont, CA: Wadsworth.
- Matheny, K.B. & McCarthy, C.J. (2000). *Write your own prescription for stress*. Oakland, CA: New Harbinger Publications, Inc.
- McGeehan, P. & Warren, M.R. (2009). *Job losses show wider racial gap in New York*. The New York Times. Retrieved on February 25, 2012 from <http://www.nytimes.com/2009/07/13/nyregion/13unemployment.html?pagewanted=all>.
- Mendelson, T., Thurston, R.C., & Kubzansky, L.D. (2008). Affective and cardiovascular effects of experimentally-induced social status. *Health Psychology, 27* (4), 482-489.
- Mercer, S.H., Zeigler-Hill, V., Wallace, M., & Hayes, D.M. (2011). Development and initial validation of the inventory of microaggressions against Black individuals. *Journal of Counseling Psychology, 58*, 457-469.
- Merritt, M.M., Bennett, G.G., Williams, R.B., Edwards, C.L., & Sollers, J.J. (2006). Perceived racism and cardiovascular reactivity and recovery to personally relevant stress. *Health Psychology, 25* (3), 364-369.
- Murrell, A.J., Dietz-Uhler, B.L., Dovidio, J.F., Gaertner, S.L., & Drout, C. (1994). Aversive racism and resistance to affirmative action: Perceptions of Justice are not necessarily color blind. *Basic and Applied Social Psychology, 15*, 71-86.
- Nadal, K.L. (2011). The racial and ethnic microaggressions scale (REMS): Construction, reliability, and validity. *Journal of Counseling Psychology, 58*, 470-480.
- Neville, H.A., Lilly, R.L., Duran, G., Lee, R.M., & Browne, L. (2000). Construction and initial

- validation of the color-blind racial attitudes scale (CoBRAS). *Journal of Counseling Psychology*, 47 (1), 59-70.
- Neville, H.A., Worthington, R.L., & Spanierman, L.B. (2001). Race, power, and multicultural counseling psychology: Understanding White privilege and colorblind racial attitudes. In J.G. Ponterotto, J.M. Casas, L.A. Suzuki, & C.M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed.). Thousand Oaks, CA: Sage.
- Niemann, Y.F. & Dovidio, J.F. (1998). Relationship of solo status, academic ranking, and perceived distinctiveness to job satisfaction of racial/ethnic minorities. *Journal of Applied Psychology*, 83, 55-71.
- Ong, A.D., Burrow, A.L., Fuller-Rowell, T.E., Ja, N., & Sue, D.W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology*, 60, 188-199.
- Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*, 35, 888-901.
- Pierce, C.M., Carew, J.V., Pierce-Gonzalez, D. & Wills, D. (1978). An experiment in racism: TV commercials. In C. Pierce (Ed.), *Television and Education* (pp. 62-88). Beverly Hills, CA: Sage
- Pierce, C.M. (1995). Stress analogs of racism and sexism: Terrorism, torture, and disaster. In C. Willie, P. Rieker, B. Kramer, & B. Brown (Eds.), *Mental health, racism, and sexism* (pp. 277-293). Pittsburgh, PA: University of Pittsburgh Press.
- Pierre, M.R. & Mahalik, J.R. (2005). Examining African self-consciousness and Black racial identity as predictors of Black men's psychological well-being. *Cultural Diversity and Ethnic Minority Psychology*, 11, 28-40.

- Plummer, D.L. & Slane, S. (1996). Patterns of coping in racially stressful situations. *Journal of Black Psychology*, 22, 302-315.
- Ponterotto, J.G., Utsey, S.O., & Pedersen, P.B. (2006). *Preventing prejudice: A Guide for counselors, educators, and parents* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Roberts, J.R. (2013). Racial microaggressions, stress, and depression in African Americans: Test of a model. Unpublished dissertation.
- Rochat, P. & Striano, T. (2002). *Who's who in the mirror? Self-other discrimination in specular images by four- and nine-month-old infants*. *Child Development*, 73(1), 35-46.
- Samhan, H. H. (1999). Not quite White: race classification and the Arab-American experience. In M. Suleiman (Ed.), *Arabs in America: Building a New Future* (pp. 209-226). Philadelphia, PA: Temple University Press.
- Sears, D.O. & Henry, P.J. (2003). The origins of symbolic racism. *Journal of Personality and Social Psychology*, 85, 259-275.
- Schat, A.C.H., Kelloway, E.K., & Desmarais, S. (2005). The physical health questionnaire (PHQ): Construct validation of a self-report scale of somatic symptoms. *Journal of Occupational Health Psychology*, 10, 363-381.
- Schnider, K.R., Elhai, J.D., & Gray, M.J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology*, 54 (3), 344-350.
- Schulz, A., Williams, D., Israel, B., Becker, A., Parker, E., James, S.A., & Jackson, J. (2000). *Unfair treatment, neighborhood effects, and mental health in the Detroit metropolitan area*. *Journal of Health and Social Behavior*, 41 (3), 314-332.

- Smedley, A. (2007). *Race in North America: Origin and evolution of a worldview* (3rd ed.). Boulder, CO: Westview Press.
- Smith, C. (2012). ASUC senate pushes for Middle Eastern racial category on UC application. The Daily Californian. Retrieved from <http://www.dailycal.org/2012/04/19/asuc-senate-resolution-supports-new-racial-category-on-uc-application/> on September 30, 2012.
- Tienabeso, S., Gutman, M., & Wash, S. (2013). George Zimmerman found not guilty and goes free. ABC News. Retrieved on April 22, 2014 from <http://abcnews.go.com/US/george-zimmerman-found-guilty-free/story?id=19653300>.
- Smith, T.W., Uchino, B.N., Berg, C.A., Florsheim, P., Pearce, G., Hawkins, M., Henry, N.J.M., Beveridge, R.M., Skinner, M.A., Ko, K.J., & Olsen-Cerny, C. (2009). Conflict and collaboration in middle-aged and older couples: II. Cardiovascular reactivity during marital interaction. *Psychology and Aging*, 24 (2), 274-286.
- Smith, W.A., Allen, W.R., & Danley, L.L. (2007). "Assume the position...you fit the description": Psychosocial experiences and racial battle fatigue among African American male college students. *American Behavioral Scientist*, 51, 551-578.
- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, (69), 60-73.
- Soto, J.A., Dawson-Andoh, N.A., BeLue, R. (2011). The relationship between perceived discrimination and generalized anxiety disorder among African Americans, Afro Caribbeans, and non-Hispanic Whites. *Journal of Anxiety Disorders*, 25, 258-265.
- Steele, C. & Aronson, J. (1995). Stereotype threat and the intellectual test performance of

- African Americans. *Journal of Personality and Social Psychology*, 69 (5), 797-811.
- Stewart, J.C., Janicki, D.L., & Kamarck, T.W. (2006). Cardiovascular reactivity to and recovery from psychological challenges as predictors of 3-year change in blood pressure. *Health Psychology*, 25 (1), 111-118.
- Sue, D.W. (2006). In invisible whiteness of being: whiteness, white supremacy, white privilege, and racism. In M.G. Constatine & D.W. Sue (Eds.), *Addressing racism: Facilitating cultural competence in mental health settings*. Hoboken, NJ: John Wiley & Sons.
- Sue, D.W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation*. Hoboken, NJ: John Wiley & Sons.
- Sue, D.W., Capodilupo, C.M., & Holder, A.M.B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, 39 (3), 329-336.
- Sue, D.W., Capodilupo, C.M., Torino, G.C., Bucceri, J.M., Holder, A.M.B., Nadal, K.L., & Esquilin, M. (2007). Racial microaggressions in everyday life implications for clinical practice. *American Psychologist*, 62(4), 271-286.
- Sue, D.W., Lin, A.I., Torino, G.C., Capodilupo, C.M., & Rivera, D.P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minorith Psychology*, 15 (2), 183-190.
- Sue, D.W., Nadal, K.L., Capodilupo, C.M., Lin, A.I., Torino, G.C., & Rivera, D.P. (2008). Racial microaggressions against Black Americans: Implications for counseling. *Journal of Counseling & Development*, 86, 330-338.
- Sue, D.W., Rivera, D.P., Watkins, N.L., Kim, R.H., Kim, S., & Williams, C.D. (2011). Racial

- dialogues: Challenges faculty of color face in the classroom. *Cultural Diversity and Ethnic Minority Psychology*, 17, 331-340.
- Sugerman, M. (2013). Black twitter credited with torpedoing Zimmerman juror book deal. CBS San Francisco. Retrieved on April 20, 2014 from <http://sanfrancisco.cbslocal.com/2013/07/18/black-twitter-credited-with-torpedoing-zimmerman-juror-book-deal/>
- Sutherland, N.S. & Mackintosh, N.J. (1971). *Mechanisms of animal discrimination learning*. New York, NY: Academic Press.
- Swim, J.K., Hyers, L.L., Cohen, L.L., Fitzgerald, D.C., & Bylsma, W.H. (2003). African American college students' experiences with everyday racism: Characteristics of responses to these incidents. *Journal of Black Psychology*, 29, 38-67.
- Tabachnick, B.G. & Fidell, L.S. (2007). Using multivariate statistics. (5<sup>th</sup> Ed.). Boston, MA: Pearson.
- Taylor, D.G., Sheatsley, P.B., & Greeley, A.M. (1978). Attitudes toward racial integration. *Scientific American*, 238, 42-49.
- Thompson, M. & Sekaquaptewa, D. (2002). When being different is detrimental: Solo status and the performance of women and racial minorities. *Analyses of Social Issues and Public Policy*, 2, 183-203.
- Torres, L, Driscoll, M.W., & Burrow, A.L. (2010). Microaggressions and psychological functioning among high achieving African Americans: A mixed-methods approach. *Journal of Social and Clinical Psychology*, 29, 1074-1099.
- Torres-Harding, S.R., Andrade, A.L., & Diaz, C.E.R. (2012). The racial microaggressions scale



- (RMAS): A new scale to measure experiences of racial microaggressions in people of color. *Cultural Diversity and Ethnic Minority Psychology*, 18, 153-164.
- Tovar-Murray, D. & Munley, P.H. (2007). Exploring the relationship between race-related stress, identity, and well-being among African Americans. *The Western Journal of Black Studies*, 31 (1), 58-71.
- U.S. Census Bureau. Census Regions and Divisions of the United States. Retrieved on April 24, 2012 from [http://www.census.gov/geo/www/us\\_regdiv.pdf](http://www.census.gov/geo/www/us_regdiv.pdf).
- Utsey, S.O. (1998). Assessing the stressful effects of racism: A review of instrumentation. *Journal of Black Psychology*, 24, 269-288.
- Utsey, S.O., Adams, E.P., & Bolden, M. (2000). Development and initial validation of the afri-cultural coping systems inventory. *Journal of Black Psychology*, 26, 194-215.
- Utsey, S.O., Chae, M.H., Brown, C.F., & Kelly, D. (2002). Effect of ethnic group membership on ethnic identity, race-related stress, and quality of life. *Cultural Diversity and Ethnic Minority Psychology*, 8(4), 366-377.
- Utsey, S.O., Giesbrecht, N., Hook, J., & Stanard, P.M. (2008). Cultural, sociofamilial, and psychological resources that inhibit psychological distress in African Americans exposed to stressful events and race-related stress. *Journal of Counseling Psychology*, 55(1), 49-62.
- Utsey, S.O., Lanier, Y., Williams, O., Bolden, M., & Lee, A. (2006). Moderator effects of cognitive ability and social support on the relation between race-related stress and quality of life in a community sample of Black Americans. *Cultural Diversity and Ethnic Minority Psychology*, 12(2), 334-346.
- Utsey, S.O. & Ponterotto, J.G. (1996). Development and validation of the index of race-related

- stress (IRRS). *Journal of Counseling Psychology*, 43(4), 490-501.
- Utsey, S.O., Ponterotto, J.G., Reynolds, A.L., & Cancelli, A.A. (2000). Racial discrimination, coping, life satisfaction, and self-esteem among African Americans. *Journal of Counseling & Development*, 78, 72-80.
- Viete, C.T. & Ware, J.E. (1983). The structure of psychological distress and well-being in general populations. *Journal of Consulting and Clinical Psychology*, 51, 730-742.
- Wang, J., Leu, J., & Shoda, Y. (2011). When the seemingly innocuous “stings”: Racial microaggressions and their emotional consequences. *Personality and Social Psychology*, 37, 1666-1678.
- Watkins, D.C., Hudson, D.L., Caldwell, C.H., Siefert, K., & Jackson, J.S. (2011). Discrimination, mastery, and depressive symptoms among African American men. *Research on Social Work Practice*, 21, 269-277.
- Watkins, N.L., LaBarrie, T.L., & Appio, L.M. (2010). Black undergraduates’ experiences with perceived racial microaggressions in predominantly white colleges and universities. In D.W. Sue (Ed.), *Microaggressions and marginality: Manifestations, dynamics, and impact*. Hoboken, NJ: John Wiley & Sons Inc.
- Watson, D., Clark, L.A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070.
- Weinstein, M.C., Berwick, D.M., Goldman, P.A., Murphy, J.M., & Barsky, A.J. (1989). A comparison of three psychiatric screening tests using receiver operating characteristic analysis. *Medical Care*, 27, 593-607.
- Whittaker, V.A. & Neville, H.A. (2009). Examining the relation between racial identity attitude

clusters and psychological health outcomes in African American college students.

*Journal of Black Psychology*, 36, 383-409.

Wilkerson, I. (2010). *The warmth of other suns: The epic story of America's great migration*.

New York, NY: Random House Inc.

Zinn, H. (2003). *A people's history of the United States: 1492-present*. New York, NY:

HarperCollins Publishers.

## Appendix

### Appendix A: Demographic Questionnaire

Age\_\_\_\_\_

Race\_\_\_\_\_

Ethnicity\_\_\_\_\_

Gender\_\_\_\_\_

Sexual Orientation\_\_\_\_\_

Marital Status\_\_\_\_\_ (Single, Married, Separated, Divorced)

Highest level of educational you have completed:

High School\_\_\_\_\_

2-year College\_\_\_\_\_

4-year University\_\_\_\_\_

Masters Degree\_\_\_\_\_

Doctoral Degree (e.g., Ph.D. etc)\_\_\_\_\_

Professional Degree (e.g., J.D., M.D. etc)\_\_\_\_\_

Employment Status:

Employed Part-time\_\_\_\_\_

Employed Full-time\_\_\_\_\_

Unemployed\_\_\_\_\_

Retired\_\_\_\_\_

Household income:

\_\_\_\_\_ less than \$15,000

\_\_\_\_\_ \$15,000-\$29,999

\_\_\_\_\_ \$30,000-\$44,999

\_\_\_\_\_ \$45,000-\$59,999

\_\_\_\_\_ \$60,000-\$74,999

\_\_\_\_\_ \$75,000-\$99,999

\_\_\_\_\_ more than \$100,000

Location within the U.S:

\_\_\_\_\_ Northeast (CT, ME, MA, NH, RI, VT, NJ, NY, PA)

\_\_\_\_\_ Midwest (ND, SD, NE, KS, MN, IA, MO, WI, IL, MI, IN, OH)

\_\_\_\_\_ South (DE, MD, DC, WV, VA, KY, NC, SC, TN, GA, AL, MS, FL, AR, LA, OK, TX)

\_\_\_\_\_ West (WA, OR, CA, ID, NV, MT, WY, UT, CO, AZ, NM)

\_\_\_\_\_ Pacific (AK)

## **Appendix B: Racial and Ethnic Microaggressions Scale (REMS)**

Instructions: Think about your experiences with race. Please read each item and think of how many times this event has happened to you in the **PAST SIX MONTHS**.

0 = I did not experience this event.

1 = I experienced this event at least once in the past six months.

1. I was ignored at school or at work because of my race.
2. Someone's body language showed they were scared of me, because of my race.
3. Someone assumed that I spoke a language other than English.
4. I was told that I should not complain about race.
5. Someone assumed that I grew up in a particular neighborhood because of my race.
6. Someone avoided walking near me on the street because of my race.
7. Someone told me that she or he was colorblind.
8. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my race.
9. Someone assumed that I would not be intelligent because of my race.
10. I was told that I complain about race too much.
11. I received substandard service in stores compared to customers of other racial groups.
12. I observed people of my race in prominent positions at my workplace or school.
13. Someone wanted to date me only because of my race.
14. I was told that people of all racial groups experience the same obstacles.
15. My opinion was overlooked in a group discussion because of my race.
16. Someone assumed that my work would be inferior to people of other racial groups.
17. Someone acted surprised at my scholastic or professional success because of my race.
18. I observed that people of my race were the CEOs of major corporations.
19. I observed people of my race portrayed positively on television.
20. Someone did not believe me when I told them I was born in the US.
21. Someone assumed that I would not be educated because of my race.
22. Someone told me that I was "articulate" after she/he assumed I wouldn't be.
23. Someone told me that all people in my racial group are all the same.
24. I observed people of my race portrayed positively in magazines.
25. An employer or co-worker was unfriendly or unwelcoming toward me because of my race.
26. I was told that people of color do not experience racism anymore.
27. Someone told me that they "don't see color."
28. I read popular books or magazines in which a majority of contributions featured people from my racial group.
29. Someone asked me to teach them words in my "native language."
30. Someone told me that they do not see race.
31. Someone clenched her/his purse or wallet upon seeing me because of my race.
32. Someone assumed that I would have a lower education because of my race.
33. Someone of a different racial group has stated that there is no difference between the two of us.
34. Someone assumed that I would physically hurt them because of my race.

35. Someone assumed that I ate foods associated with my race/culture every day.
36. Someone assumed that I held a lower paying job because of my race.
37. I observed people of my race portrayed positively in movies.
38. Someone assumed that I was poor because of my race.
39. Someone told me that people should not think about race anymore.
40. Someone avoided eye contact with me because of my race.
41. I observed that someone of my race is a government official in my state
42. Someone told me that all people in my racial group look alike.
43. Someone objectified one of my physical features because of my race.
44. An employer or co-worker treated me differently than White co-workers.
45. Someone assumed that I speak similar languages to other people in my race.

### Appendix C: Racism-Related Coping Scale (RRCS)

These questions are about all of the different things people do to deal with racism. Thinking back over your entire life, how often did you do the following things to deal situations where you were mistreated because of your race or just to deal with racism in general. Choose one of the four numbers that best corresponds to your response.

	DID NOT USE/ DOES NOT APPLY	USED A LITTLE	USED A LOT	USED A GREAT DEAL
1. I participated in organized efforts to combat racism and/or support Black people.	0	1	2	3
2. I informed external sources (media, civil rights organization, etc.).	0	1	2	3
3. I threatened the people or organization involved with violence.	0	1	2	3
4. I talked about it with the people involved in order to express my feelings.	0	1	2	3
5. I became more cautious around people in positions of authority.	0	1	2	3
6. I tried to understand the perspective of the perpetrator.	0	1	2	3
7. I read passages in the Bible (or other religious text) to give me strength and/or guidance.	0	1	2	3
8. I fantasized about getting revenge.	0	1	2	3
9. I worked to educate others about racism.	0	1	2	3
10. I took legal action.	0	1	2	3
11. I exaggerated my anger in order to intimidate the people involved.	0	1	2	3
12. I talked about it with the people involved in order to educate them.	0	1	2	3
13. I avoided anything that might bring about a similar situation (people, places, topics of conversation, etc.).	0	1	2	3
14. I looked for an explanation other than racism.	0	1	2	3
15. I relied on my faith in God or a higher power.	0	1	2	3
16. I fantasized about harming the people involved or damaging or destroying their property.	0	1	2	3

17. I sought out relationships or alliances with people of color who are not Black.	0	1	2	3
18. I sought legal advice.	0	1	2	3
19. I only did the bare minimum to get by in my job as a form of resistance.	0	1	2	3
20. I talked about it with the people involved in order to understand their perspective.	0	1	2	3
21. I became more careful about what I say and do around people who are not Black.	0	1	2	3
22. I tried to make something positive out of it.	0	1	2	3
23. I prayed about it.	0	1	2	3
24. I reacted with humor or sarcasm, or mocked the people involved.	0	1	2	3
	<b>DID NOT USE/DOES NOT APPLY</b>	<b>USED A LITTLE</b>	<b>USED A LOT</b>	<b>USED A GREAT DEAL</b>
25. I made a conscious decision to try to patronize only Black-owned businesses and establishments.	0	1	2	3
26. I made a formal complaint.	0	1	2	3
27. I did my job much slower or at my own pace as a form of resistance.	0	1	2	3
28. I got into an angry verbal conflict with the people involved.	0	1	2	3
29. I avoided contact with White people unless absolutely necessary for a period of time.	0	1	2	3
30. I gave the people involved the benefit of the doubt.	0	1	2	3
31. I sought spiritual guidance in books or other media.	0	1	2	3
32. I spoke my mind about race and racism, even if others were uncomfortable.	0	1	2	3
33. I got other people involved who could help.	0	1	2	3
34. I exaggerated behaviors that are perceived to be “Black” in order to intimidate people who are not in my racial group.	0	1	2	3
35. I expressed my anger to the people involved.	0	1	2	3



36. I became more sensitive or cautious about interacting with people who are not Black.	0	1	2	3
37. I tried to convince myself that it wasn't that bad.	0	1	2	3
38. I started going to church (or other religious institutions) more often.	0	1	2	3
39. I participated in more activities that celebrated Blackness.	0	1	2	3
40. I threatened the people or organization involved with legal action.	0	1	2	3
41. I got revenge.	0	1	2	3
42. I confronted the people involved and told them that their actions were racist.	0	1	2	3
43. I decided that I could no longer trust White people (or people who are not Black).	0	1	2	3
44. I decided <b>not</b> to assume all White people are racist.	0	1	2	3
45. I meditated.	0	1	2	3
46. I supported other people in similar situations.	0	1	2	3
47. I told my story in a public forum ("testified").	0	1	2	3
48. I told the people involved off.	0	1	2	3
49. I withdrew from people.	0	1	2	3
50. I tried to stay positive no matter what.	0	1	2	3
51. I surrounded myself with people who can relate to my experience.	0	1	2	3
	<b>DID NOT USE/DOES NOT APPLY</b>	<b>USED A LITTLE</b>	<b>USED A LOT</b>	<b>USED A GREAT DEAL</b>
52. I demanded to speak to someone with greater authority (manager, supervisor, etc.)	0	1	2	3
53. I tried to defend myself in some way.	0	1	2	3
54. I continue to avoid contact with White people unless absolutely necessary.	0	1	2	3
55. I started to dress or wear my hair in ways that celebrate my African heritage.	0	1	2	3

56. I organized a group response (boycott, demonstration, etc.).	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
57. I thought constantly about why this happened to me.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
58. I blamed myself for trusting people who are not Black.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
59. I was careful to never reveal my true feelings around White people.	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

## **Appendix D: Mental Health Inventory (MHI)**

The next set of questions are about how you feel, and how things have been for you during the past 4 weeks. If you are marking your own answers, please circle the appropriate response (0, 1, 2,...). If you need help in marking your responses, tell the interviewer the number of the best response. Please answer every question. If you are not sure which answer to select, please choose the one answer that comes closest to describing you. The interviewer can explain any words or phrases that you do not understand.

During the past 4 weeks, how much of the time...

	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little bit of the time</b>	<b>None of the time</b>
<b>1. has your daily life been full of things that were interesting to you?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>2. did you feel depressed?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>3. have you felt loved and wanted?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>4. have you been a very nervous person?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>5. have you been in firm control of your behavior, thoughts, emotions, feelings?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>6. have you felt tense or high-strung?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>7. have you felt</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>

calm and  
peaceful?

8. have you felt  
emotionally  
stable?

1	2	3	4	5	6
---	---	---	---	---	---

9. have you felt  
downhearted  
and blue?

1	2	3	4	5	6
---	---	---	---	---	---

10. were you  
able to relax  
without  
difficulty?

1	2	3	4	5	6
---	---	---	---	---	---

11. have you  
felt restless,  
fidgety, or  
impatient?

1	2	3	4	5	6
---	---	---	---	---	---

12. have you  
been moody,  
or brooded  
about  
things?

1	2	3	4	5	6
---	---	---	---	---	---

13. have you  
felt cheerful,  
light-hearted?

1	2	3	4	5	6
---	---	---	---	---	---

14. have you  
been in low  
or very low  
spirits?

1	2	3	4	5	6
---	---	---	---	---	---

15. were you a  
happy  
person?

1	2	3	4	5	6
---	---	---	---	---	---

16. did you feel  
you had  
nothing to look  
forward to?

1	2	3	4	5	6
---	---	---	---	---	---

17. have you  
felt so down  
in the dumps  
that  
nothing could  
cheer  
you up?

1	2	3	4	5	6
---	---	---	---	---	---

18. have you  
been  
anxious or  
worried?

1	2	3	4	5	6
---	---	---	---	---	---

### Appendix E: Physical Health Questionnaire (PHQ)

The following items focus on how you have been feeling physically during the past year. Please respond by circling the appropriate number.

Over the past 6 months...	Not at all	Rarely	Once in a while	Some of the time	Fairly Often	Often	All of the time
1. How often have you had difficulty getting to sleep at night?	1	2	3	4	5	6	7
2. How often have you woken up during the night?	1	2	3	4	5	6	7
3. How often have you had nightmares or disturbing dreams?	1	2	3	4	5	6	7
4. How often has your sleep been peaceful and undisturbed?	1	2	3	4	5	6	7
5. How often have you experienced headaches?	1	2	3	4	5	6	7
6. How often did you get a headache when there was a lot of pressure on you to get things done?	1	2	3	4	5	6	7
7. How often did you get a headache when you were frustrated because things were not going the way they should have or when you were annoyed at someone?	1	2	3	4	5	6	7
8. How often have you suffered from	1	2	3	4	5	6	7

**an upset stomach  
(indigestion)?**

**9. How often did  
you have to watch  
that you ate  
carefully to avoid  
stomach upsets?**

**1            2            3            4            5            6            7**

**10. How often did  
you feel nauseated  
("sick to your  
stomach")?**

**1            2            3            4            5            6            7**

**11. How often  
were you  
constipated or did  
you suffer from  
diarrhea?**

**1            2            3            4            5            6            7**

**12. How many  
times have you  
had minor colds  
(that made you  
feel uncomfortable  
but didn't keep  
you sick in bed or  
make you miss  
work)?**

**0            1-2            3            4            5            6            7+  
times       times       times       times       times       times       times**

**13. How many  
times have you  
had respiratory  
infections more  
severe than minor  
colds that "laid  
you low" (such as  
bronchitis,  
sinusitis, etc.)?**

**0            1-2            3            4            5            6            7+  
times       times       times       times       times       times       times**

**14. When you had  
a bad cold or flu,  
how long did it  
typically  
last?**

**1 day    2 days            3            4            5            6            7+  
                         days       days       days       days       days       days**

## Appendix F: Tables and Figures

Table 1 <i>Forms of Subtle, Covert Racism</i>		
Form of Racism	Definition	Similarities and Differences
Symbolic Racism	Does not believe African Americans pose an economic or sociopolitical threat to White Americans, however, does believe that African Americans violate traditional American values and, thus, are not deserving of any assistance	Focus is on the violation of American values and contempt for governmental assistance to Blacks
Laissez-faire Racism	Belief that African Americans are to blame for their economic and political struggles and a denial of the existence of institutional barriers hindering the advancement of African Americans	Message that Blacks are to blame for their socio-political and economic standing and not racism
Ambivalent Racism	Holding contradicting anti-Black (e.g., negative stereotypes and an aversion to interracial contact) and pro-Black attitudes (e.g., support for laws prohibiting discrimination in housing and education)	These individuals hold both anti-Black and pro-Black sentiments in their support and lack of support for policies proposed to better the lives of African Americans
Colorblind Racism	Denial of the significance of racism in an individual's lived experiences, and general belief that race does not and should not matter in modern society	Individuals that deny the existence and influence of racism in the lived experiences of African Americans
Aversive Racism	Subtle form of bias expressed by those who embrace egalitarian values but may also possess negative racial feelings and beliefs that they try to dissociate from their self-image as non-prejudiced	This individual holds egalitarian views of how society should operate and tries to dissociate from his or her conscious or automatic negative racial feelings from their self-image of "proponent of equality"
Racial Microaggression	Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward People of Color	This form of subtle racism focuses on the verbal, behavioral, and environmental cues that communicate intentional and unintentional negative racial slights toward People of Color

Table 2	
<i>Racial and Ethnic Microaggressions Scale (REMS) subscales</i>	
<b>Subscale</b>	<b>Sample Items</b>
Assumption of Inferiority	“Someone assumed that I would not be educated because of my race.”
Second-Class Citizen and Assumptions of Criminality	“Someone avoided walking near me on the street because of my race.”
Microinvalidations	“Someone told me that she or he was colorblind.”
Exoticization and Assumptions of Similarity	“Someone objectified one of my physical features because of my race.”
Environmental Microaggressions	“I observed people of my race in prominent positions at my workplace or school.”
Workplace and School Microaggressions	“My opinion was overlooked in a group discussion because of my race.”



Table 3	
<i>Racism-Related Coping Scale (RRCS) subscales</i>	
<b>Subscale</b>	<b>Description</b>
Racially Conscious Action	Actions aimed at enhancing connectedness with one's racial-cultural group membership
Empowered Action	An institutionally focused problem-solving approach that does not involve direct confrontation of the people involved in the situation.
Constrained Resistance	Behaviors that include both passive and active responses to cope with encounters with racism
Confrontation	Direct communication with the perpetrator in the situation, which includes expressing anger and attempts to defend oneself or resolve the issue
Hypervigilance	Increased awareness and caution when interacting with people who are not Black and avoidance of potential future racially evocative encounters
Bargaining	Cognitive process of making sense of the interaction that seem to be indicative of some level of denial or self-blame about the psychological effects of the experience
Spiritual Coping	Soliciting support through religious institutions and practices
Anger Regulation	Approaches that use fantasy and humor to moderate feelings of anger when coping with incidents of racism

Table 4

*Summary of Self-Reported Demographic Information (N=268)*

Categorical Demographic Variable	Frequency	Percent
<b>Race and Ethnicity</b>		
Black and/or African American	268	100%
Hispanic or Latino	8	2.99%
Multiracial or Multiethnic	10	3.73%
African	12	4.48%
Caribbean/West Indian	29	10.82%
<b>Gender</b>		
Female/Woman	202	75.4%
Male	66	24.6%
<b>Sexual Orientation</b>		
Bisexual	8	3
Gay	12	4.5
Heterosexual/Straight	222	82.8
Homosexual	1	.4
Lesbian	5	1.9
Pansexual	1	.4
Queer	3	1
Same-Gender Loving	1	.4
Did not specify	15	5.6
<b>Education</b>		
Less than high school	1	.4
High School	8	3
2-Year College	10	3.7
4-Year University	65	24.3
Masters Degree	122	45.5
Doctoral Degree	46	17.2
Professional Degree	15	5.6
Did not specify	1	.4
<b>Household SES</b>		
Less than \$15,000	34	12.7
\$15,000-29,999	43	16
\$30,000-44,999	26	9.7
\$45,000-59,999	43	16
\$60,000-74,999	38	14.2
\$75,000-99,999	26	9.7
More than \$100,000	53	19.8
Did not specify	5	1.9

Table 5

*Self-Reported Marital Status*

	Frequency	Percent
Single	149	55.6
Married	78	29.1
Separated	6	2.2
Divorced	17	6.3
Other	18	6.7

Note: Other was reported as cohabitating, domestic partnership, engaged, relationship, partnered, and widowed.

Table 6

*Self-Reported Employment Status*

	Frequency	Percent
Part-time	58	21.6
Full-time	162	60.4
Unemployed	41	15.3
Retired	7	2.6

Table 7

*Self-Reported Location Within U.S.*

	Frequency	Percent
Northeast	117	43.7
Midwest	34	12.7
South	97	36.2
West	16	6
Pacific	2	.7
Did not specify	2	.7

Table 8

*Skewness and Kurtosis Statistics for Study Variables (N=268)*

	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
REMS_Inferiority	.154	.149	-1.250	.298
REMS_ClassCrim	.726	.149	-.428	.297
REMS_Invalidation	.132	.149	-1.188	.297
REMS_ExoticSimilar	1.168	.149	1.130	.297
REMS_Environmental	.306	.149	-.912	.297
REMS_WorkSchool	.593	.149	-.989	.297
PHQ_Mean	.717	.149	.719	.297
RRCS_TotalScore	.599	.149	1.810	.297
MHI_Anxiety	-.359	.149	-.427	.297
MHI_Depression	-.986	.149	1.147	.297
MHI_BehvControl	-1.162	.149	1.318	.297
MHI_PosAffect	-.430	.149	-.466	.297
MHI_Mean	-.440	.149	-.228	.297

Note: REMS= Racial and Ethnic Microaggressions Scale; PHQ= Physical Health Questionnaire; MHI= Mental Health Questionnaire; RRCS = Racism-Related Coping Scale

Table 9

*Means, Standard Deviations, Reliability, Number Items, Range Minimum and Maximum*

	M	SD	Alpha	Item N	Minimum	Maximum
REMS_Inferiority	.46	.33	.84	8	.00	1.00
REMS_ClassCrim	.36	.30	.77	7	.00	1.00
REMS_Invalidation	.45	.33	.85	9	.00	1.00
REMS_ExoticSimilar	.22	.22	.71	9	.00	1.00
REMS_Environmental	.43	.29	.69	7	.00	1.00
REMS_WorkSchool	.36	.35	.78	5	.00	1.00
PHQ_Sleep	2.34	1.14	.74	4	.00	5.25
PHQ_Headaches	1.95	1.41	.88	3	.00	6.00
PHQ_Gastrointestinal	1.57	1.23	.85	4	.00	5.50
PHQ_RespiratoryInf	1.40	.89	.47	3	.00	4.67
MHI_Anxiety	4.20	1.02	.84	5	1.00	6.00
MHI_Depression	4.68	.97	.86	4	1.25	6.00
MHI_BehvControl	4.99	.81	.68	4	1.75	6.00
MHI_PosAffect	4.14	.95	.82	4	1.25	6.00
MHI_MeanScore	4.49	.77	.92	18	2.17	6.00
PHQ_Mean	1.83	.80	.82	14	.00	4.50
RRCS_TotalScore	53.09	25.06	.94	59	.00	176.00

*N*=268. Note: Alpha= Chronbach's alpha reliability coefficient; REMS= Racial and Ethnic Microaggressions Scale; PHQ= Physical Health Questionnaire; MHI= Mental Health Questionnaire; RRCS = Racism-Related Coping Scale

Table 10

*Pearson Correlation Between Study Variables (N=268)*

	1	2	3	4	5	6	7	8	9
1 Inferiority	—								
2 Second-Class and Assumptions of Criminality	.557**	—							
3 Microinvalidation	.549**	.477**	—						
4 Exoticization and Assumption of Similarity	.496**	.420**	.511**	—					
5 Environmental	-.044	.044	.042	.057	—				
6 Work and School	.622**	.542**	.509**	.383**	.032	—			
7 MHI Composite	-.162**	-.195**	-.254**	-.139*	-.181**	-.190**	—		
8 PHQ Composite	.252**	.253**	.291**	.216**	.117	.249**	-.580**	—	
9 RRCS Composite	.401**	.414**	.439**	.333**	-.015	.447**	-.166**	.245**	—

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).



Table 11

*One-Sample Statistics for Racial and Ethnic Microaggressions Subscales*

	M	SD	S.E. Mean
Inferiority	.4586	.32982	.02022
Second-Class and Criminality	.3590	.29919	.01831
Microinvalidation	.4465	.32547	.01988
Exoticization and Assumption of Similarity	.2235	.22274	.01361
Environmental	.4296	.28625	.01752
Workplace and School	.3573	.34702	.02124

Table 12

<i>One-way Analysis of Variance of Racial and Ethnic Microaggressions Subscales</i>						
Subscale		Sum of Squares	df	Mean Square	F	Sig.
Inferiority	Between Groups	28.756	264	.109	1.549	.578
	Within Groups	.070	1	.070		
Second-Class and Criminality	Between Groups	23.647	265	.089	.547	.823
	Within Groups	.163	1	.163		
Microinvalidation	Between Groups	28.061	266	.105	.475	.852
	Within Groups	.222	1	.222		
Exoticization	Between Groups	13.246	266	.050	.	.
	Within Groups	.000	1	.000		
Environmental	Between Groups	21.755	265	.082	2.011	.519
	Within Groups	.041	1	.041		
Workplace and School	Between Groups	31.853	265	.120	.668	.778
	Within Groups	.180	1	.180		

Table 13

*Hierarchical Multiple Regression: Moderation Effect of Racism-Related Coping on the Relationship Between Racial and Ethnic Microaggressions Subscales and Physical Health*

Model	R	R <sup>2</sup>	AdjR <sup>2</sup>	$\Delta R^2$	$\Delta F$	df1	df2	Sig. $\Delta F$
1	.241 <sup>a</sup>	.058	.004	.058	1.076	7	122	.383
2	.328 <sup>b</sup>	.108	.008	.050	1.075	6	116	.381

a. Predictors: (Constant), Racism-Related Coping Scale, Environmental, Exoticization (and Assumptions of Similarity), Workplace and School, Second-Class (and Assumptions of Criminality), Assumption of Inferiority, Microinvalidation

b. Predictors: (Constant), Racism-Related Coping Scale, Environmental, Exoticization, Workplace and School, Second-Class, Assumption of Inferiority, Microinvalidation, Mod\_Environmental, Mod\_Workplace and School, Mod\_Exoticization, Mod\_Second-Class, Mod\_Inferiority, Mod\_Microinvalidation

Table 14

*Hierarchical Multiple Regression Coefficients: Moderation Effect of Racism-Related Coping on the Relationship Between Racial and Ethnic Microaggressions Subscales and Physical Health*

Variables	$\beta$	Sig.	Correlations			Collinearity	
			Zero	Partial	Part	Tolerance	VIF
Model 1	.184	.115					
Workplace and School	.068	.510	.120	.060	.058	.726	1.378
Environmental	.181	.036	.196	.188	.186	.943	1.060
Exoticization and Assumption of Similarity	.019	.849	.072	.017	.017	.726	1.377
Second-Class and Assumptions of Criminality	.042	.685	.107	.037	.036	.790	1.266
Microinvalidation	.041	.732	.106	.031	.030	.667	1.500
Inferiority	.017	.894	.058	.012	.012	.675	1.482
RRCS	.029	.766	.069	.027	.026	.825	1.212
Model 2	.168	.158					
Workplace and School	.031	.775	.120	.027	.025	.664	1.507
Environmental	.146	.134	.196	.139	.132	.729	1.371
Exoticization and Assumption of Similarity	.083	.469	.072	.067	.064	.573	1.746
Second-Class and Assumption of Criminality	.141	.231	.107	.111	.106	.628	1.592
Microinvalidation	-.064	.653	.106	-.042	-.040	.466	2.146
Inferiority	.063	.633	.058	.044	.042	.601	1.664
RRCS	.067	.579	.069	.052	.049	.527	1.896
InferiorityxRRCS	.059	.685	.023	.038	.036	.217	4.616
MicroinvalidationxRRCS	.156	.321	.020	.092	.087	.178	5.629
Second-ClassxRRCS	-.262	.067	-.100	-.169	-.162	.249	4.010
ExoticizationxRRCS	-.035	.761	-.040	-.028	-.027	.273	3.660
EnvironmentalxRRCS	.079	.381	.113	.081	.077	.677	1.477
WorkplacexRRCS	-.044	.717	-.016	-.034	-.032	.398	2.514

a. Dependent Variable: PHQ

Table 15

*Hierarchical Multiple Regression: Moderation Effect of Racism-Related Coping on the Relationship Between Racial and Ethnic Microaggressions Subscales and Psychological Well-being*

Model	R	R <sup>2</sup>	AdjR <sup>2</sup>	$\Delta R^2$	$\Delta F$	df1	df2	Sig. $\Delta F$
1	.292 <sup>a</sup>	.085	.033	.085	1.625	7	122	.134
2	.331 <sup>b</sup>	.109	.010	.024	.524	6	116	.789

a. Predictors: (Constant), Racism-Related Coping Scale, Environmental, Exoticization (and Assumptions of Similarity), Workplace and School, Second-Class (and Assumptions of Criminality), Assumption of Inferiority, Microinvalidation

b. Predictors: (Constant), Racism-Related Coping Scale, Environmental, Exoticization, Workplace and School, Second-Class, Assumption of Inferiority, Microinvalidation, Mod\_Environmental, Mod\_Workplace and School, Mod\_Exoticization, Mod\_Second-Class, Mod\_Inferiority, Mod\_Microinvalidation

Table 16

*Hierarchical Multiple Regression Coefficients: Moderation Effect of Racism-Related Coping on the Relationship Between Racial and Ethnic Microaggressions Subscales and Psychological Well-being*

Variable	$\beta$	Sig.	Correlations			Collinearity	
			Zero	Partial	Part	Tolerance	VIF
Model 1	.109	.325					
Workplace and School	.098	.319	.161	.090	.087	.726	1.378
Environmental	.195	.018	.218	.212	.207	.943	1.060
Exoticization and	.067	.488	.131	.063	.060	.726	1.377
Assumption of Similarity							
Second-Class and	.022	.821	.118	.021	.020	.790	1.266
Assumptions of							
Criminality							
Microinvalidation	.062	.581	.150	.050	.048	.667	1.500
Inferiority	.023	.844	.087	.018	.017	.675	1.482
RRCS	-.003	.971	.058	-.003	.003	.825	1.212
Model 2	.103	.369					
Workplace and School	.078	.449	.161	.070	.067	.664	1.507
Environmental	.227	.017	.218	.220	.213	.729	1.371
Exoticization and	.113	.306	.131	.095	.090	.573	1.746
Assumption of Similarity							
Second-Class and	.057	.611	.118	.047	.045	.628	1.592
Assumption of							
Criminality							
Microinvalidation	-.017	.898	.150	-.012	-.011	.466	2.146
Inferiority	.038	.766	.087	.028	.026	.601	1.664
RRCS	-.030	.795	.058	-.024	-.023	.527	1.896
InferiorityxRRCS	.050	.721	.088	.033	.031	.217	4.616
MicroinvalidationxRRCS	.068	.655	.088	.042	.039	.178	5.629
Second-ClassxRRCS	-.130	.341	-.003	-.088	-.084	.249	4.010
ExoticizationxRRCS	-.059	.588	.046	-.050	-.048	.273	3.660
EnvironmentalxRRCS	-.074	.394	-.002	-.079	-.075	.677	1.477
WorkplacexRRCS	.077	.511	.113	.061	.058	.398	2.514

a. Dependent Variable: MHI

Table 17

*Multivariate Analysis of Demographic Variables for Complete and Incomplete Responses*

Demographic Variable	Finished	M	SD	df	F	Sig F
Age <sup>a</sup>	Incomplete	33.15	9.557	1	5.590	.019
	Complete	36.14	11.705			
Marital Status <sup>b</sup>	Incomplete	1.77	1.206	1	0.290	.590
	Complete	1.84	1.208			
Education <sup>c</sup>	Incomplete	4.37	1.198	1	16.860	.000
	Complete	4.88	1.052			
SES <sup>d</sup>	Incomplete	4.30	2.275	1	0.101	.750
	Complete	4.22	2.060			
Location <sup>e</sup>	Incomplete	2.05	1.119	1	0.060	.807
	Complete	2.08	1.051			
Gender <sup>f</sup>	Incomplete	1.34	0.531	1	4.103	.044
	Complete	1.26	0.425			
Sexual Identity <sup>g</sup>	Incomplete	0.93	0.499	1	5.316	.022
	Complete	1.05	0.436			

Note:  $R^2 = .015$  ( $\text{Adj}R^2 = .013$ )<sub>a</sub>;  $R^2 = .001$  ( $\text{Adj}R^2 = -.002$ )<sub>b</sub>;  $R^2 = .045$  ( $\text{Adj}R^2 = .042$ )<sub>c</sub>;  $R^2 = .000$  ( $\text{Adj}R^2 = -.003$ )<sub>d</sub>;  $R^2 = .000$  ( $\text{Adj}R^2 = -.003$ )<sub>e</sub>;  $R^2 = .011$  ( $\text{Adj}R^2 = .009$ )<sub>f</sub>;  $R^2 = .015$  ( $\text{Adj}R^2 = .012$ )<sub>g</sub>

Table 18

*Table of Research Questions & Hypotheses with Corresponding Analyses*

<b>Research Questions &amp; Hypotheses</b>	<b>Variables Measured</b>	<b>Scales</b>	<b>Statistical Analyses</b>	<b>Significance/ Outcome</b>
<b>H1.</b> There is a significant difference in the type of racial microaggressions endorsed by respondents.	7. Assumption of Inferiority 8. Second-Class Citizen and Assumptions of Criminality 9. Microinvalidations 10. Exoticization and Assumptions of Similarity 11. Environmental Microaggressions 12. Work and School Microaggressions	REMS – 6 subscales	T-Test of Univariate Analysis	Fail to Reject Null
<b>H2A.</b> There is a significant positive correlation between experiences of racial microaggressions and physical health. That is to say, as frequency in experiences of microaggressions increase the frequency in physical health symptoms will increase as well.	8. Assumption of Inferiority 9. Second-Class Citizen and Assumptions of Criminality 10. Microinvalidations 11. Exoticization and Assumptions of Similarity 12. Environmental Microaggressions 13. Work and School Microaggressions 14. Physical Health	REMS – 6 subscales & PHQ Composite	Pearson Correlational Coefficients	Hypothesis Supported (+) Inferiority (+) Second-Class/Criminality (+) Microinvalidation (+) Exoticization/Similarity (+) Work and School  Fail to Reject (+) Environmental
<b>H2B.</b> Coping will significantly moderate the relationship between racial microaggressions and physical health.	9. Assumption of Inferiority 10. Second-Class Citizen and Assumptions of Criminality 11. Microinvalidations 12. Exoticization and Assumptions of Similarity	REMS- 6 subscales, PHQ Composite, & RRCS Composite	Hierarchical Multiple Regression	Fail to Reject REMS  Fail to Reject RRCS



	13. Environmental Microaggressions 14. Work and School Microaggression 15. Physical Health 16. Racism-Related Coping Total			
<b>H3A.</b> There is significant negative correlation between experiences of racial microaggressions and psychological well-being. As frequency of racial microaggressions increase psychological well-being will decrease, and as racial microaggressions decrease the psychological well-being will increase.	8. Assumption of Inferiority 9. Second-Class Citizen and Assumptions of Criminality 10. Microinvalidations 11. Exoticization and Assumptions of Similarity 12. Environmental Microaggressions 13. Work and School Microaggression 14. Psychological Well-being	REMS – 6 subscales; MHI-18 Composite	Pearson Correlational Coefficients	Hypothesis Supported
<b>H3B.</b> Coping will significantly moderate the relationship between racial microaggressions and psychological well-being.	9. Assumption of Inferiority 10. Second-Class Citizen and Assumptions of Criminality 11. Microinvalidations 12. Exoticization and Assumptions of Similarity 13. Environmental Microaggressions 14. Work and School Microaggression 15. Psychological Well-being 16. Racism-Related Coping	REMS – 6 subscales; MHI-18 Composite; RRCS Composite	Hierarchical Multiple Regression	Fail to Reject REMS  Fail to Reject RRCS

Figure 1: Categories of and Relationships Among Racial Microaggressions (Sue et al 2007)

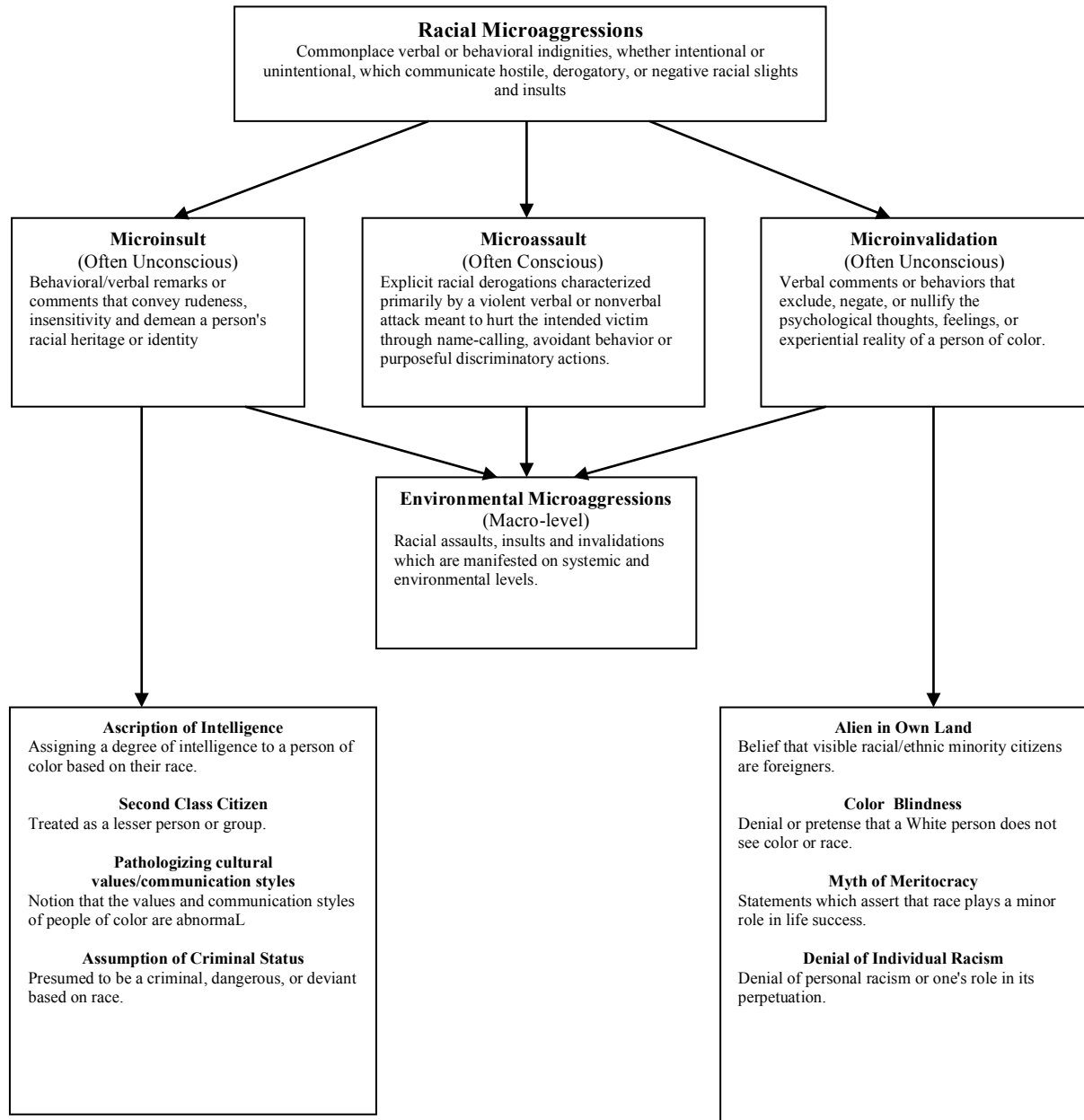


Figure 2: Stress Response Perspective

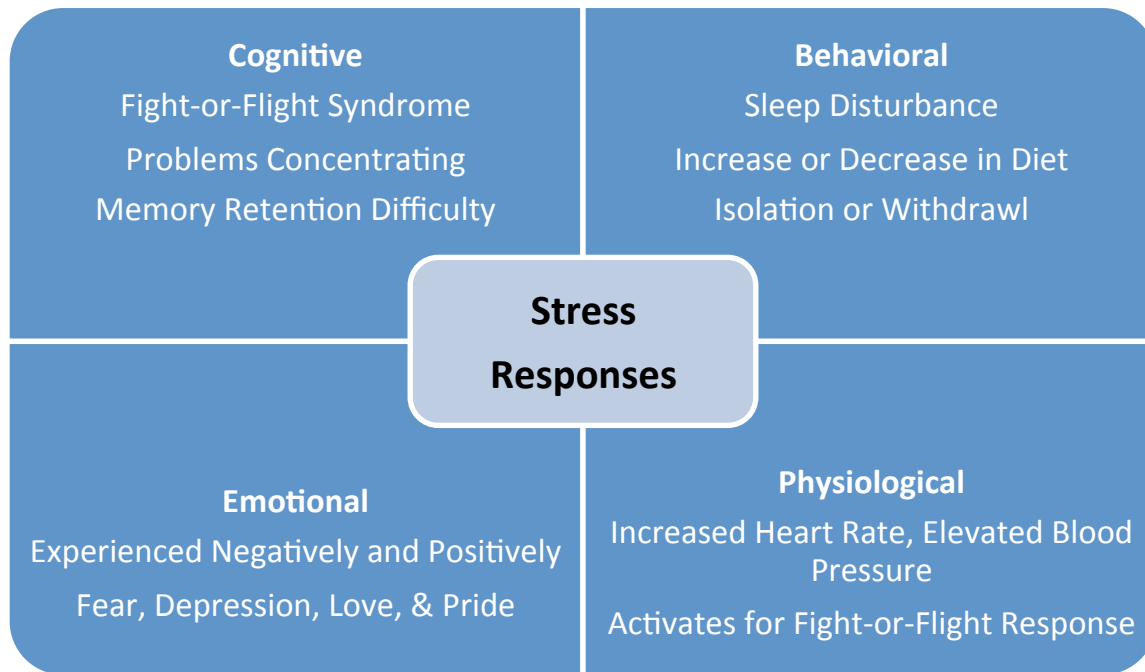


Figure 3: Racial Microaggressions Experienced by African Americans

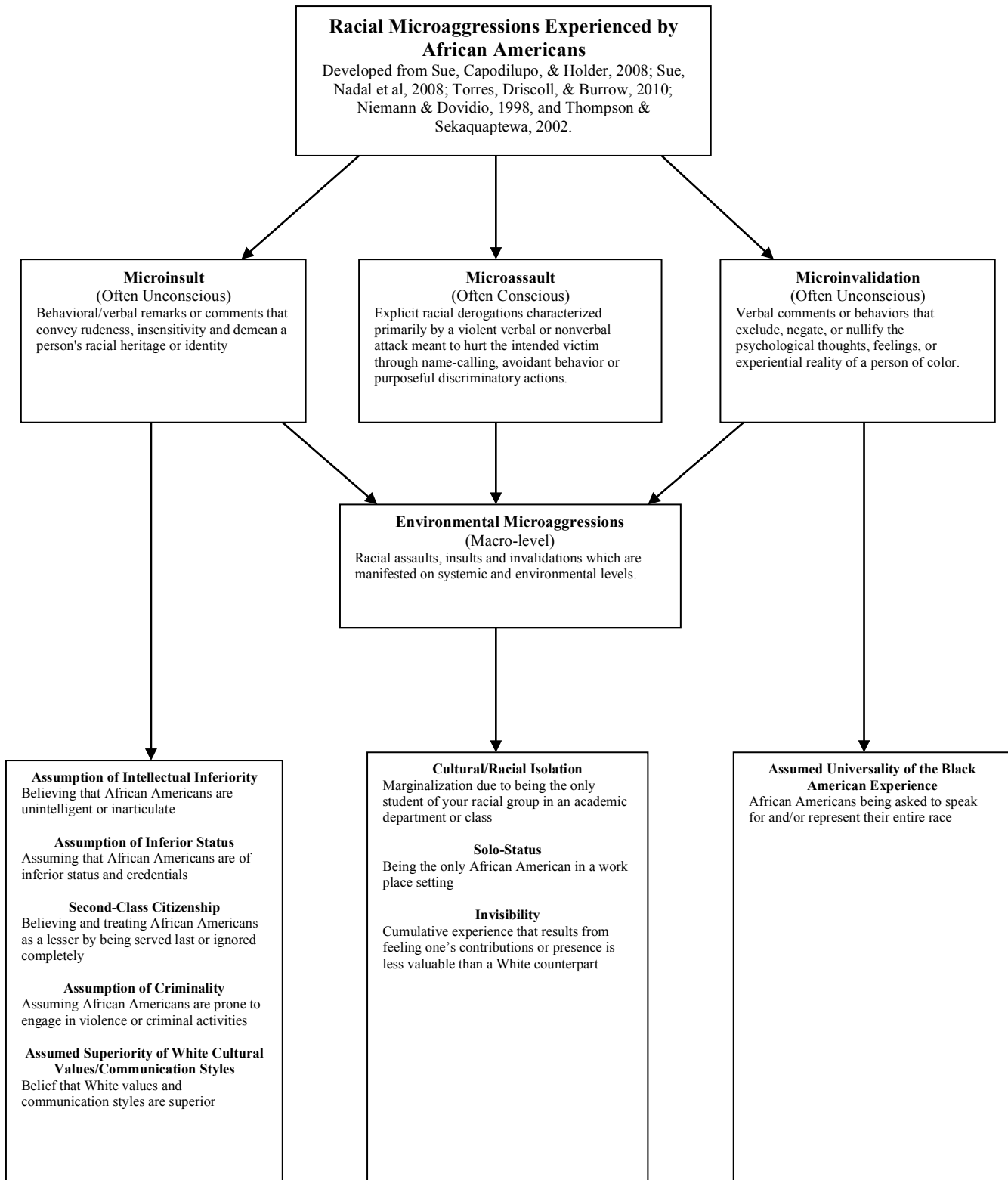


Figure 4: The Microaggressions Process Model (Sue, 2010)

